

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000018160

1. Corporation Name:

KLS, INC.

**FILED**

03 OCT 31 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 00-03

000024296370  
10/31/03--01002--005 \*\*\$600.00

2. Principal Office Address

718 Fayette Place

Suite, Apt. #, etc.

City & State

Lutz, Florida

Zip

33549

Country

USA

3. Mailing Office Address

718 Fayette Place

Suite, Apt. #, etc.

City & State

Lutz, Florida

Zip

33549

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/23/98

5. FEI Number

59-3509605

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Kathryn S. Jabalbarex

Street Address (P.O. Box Number is Not Acceptable)

718 Fayette Place

Suite, Apt. #, Etc.

City

Lutz

State  
**FL**

Zip Code

33549

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Kathryn S. Jabalbarex

REGISTERED AGENT MUST SIGN

Date 10-27-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Kathryn S. Jabalbarex	718 Fayette Place	Lutz, Florida 33549

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Kathryn S. Jabalbarex, Kathryn S. Jabalbarex 10-27-03 909-4082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

October 27, 2003

Division of Corporations,

I did not receive the uniform business reports. Please reinstate KLS, INC., reference # P98000018160. I have enclosed a check for \$600.00, requesting waiver of penalties.

Thank You

*Kathryn S. Jabalbarex*

Kathryn S. Jabalbarex  
KLS. INC.