

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 29 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000029288**

1. Corporation Name

KLV ASSOCIATES, INC.

2. Principal Office Address

5445 N. BAY RD.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

Zip

33140

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/98

5. FEI Number

65-0825561

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

STEVEN T. SIEGEL

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

5445 N. BAY RD.

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date

3/27/02

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
PRESIDENT	STEVEN T. SIEGEL	5445 N. BAY RD.	MIAMI BEACH 33140

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/02

Daytime Phone #

CR25081 (9/01)

KLV ASSOCIATES, INC
5445 N. Bay Road
Miami Beach, FL 33140
305-371-9041

March 27, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

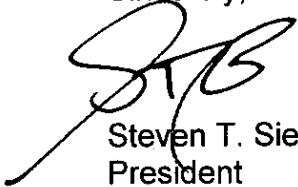
RE: KLV Associates, Inc.

To Whom It May Concern:

Enclosed please find the Corporation Reinstatement form for the above referenced corporation and our check for \$150.00. As indicated on your automated message, we are paying the original fee of \$150.00 due to the fact that we never received the Uniform Business Report form in 2001 for this corporation. We also had not received this form in 2000 and have not received one for 2002, but we will download the form from your web site.

Please reinstate this entity immediately upon receipt of this letter. Don't hesitate to contact our office with any questions or concerns.

Sincerely,



Steven T. Siegel
President

Enclosures