| OOCUMENT# P98000030316 Entity, Name K&L Props, Inc. | | | OI OCT 25 PM 5:21 | | | | |
|--|---|--|--|--|------------------------------|---|-----------------------|
| H362 E. 10th At H362 Fincipal Place of Business 7amps 71 3366 Principal Place of Business | Mailing Address A M E 3. Mailing Address | • | | <i>C I</i> | | | |
| 1302 E.Dth Ave Suite, Apt. #, etc. | Suite, Apt. #, etc. | UE | DO NOT WR | ITE IN THIS SPA | ACE | | |
| City & State | City & State | , | 4. FEI Number 59-350 - 74 | 24 | | pplied For of Applicable | } |
| Zip Country | 2 Zip | Country | 5. Certificate of Status Desired | | 8.75 Add | | |
| 6. Name and Address of | Current Registered Agent | | 7. Name and Address of New I | | | |] |
| Larson 46a | (SON | Name | SAWE. | | | | |
| Larson 46a 11199-69" | "St. N. | Street Addres | ss (P.O. Box Number is Not Acceptable | e) | | | 1 |
| Largo, 76 3 | | | | | | | 1 |
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| . The above named entity submits this sta | tement for the purpose of changing it | ts registered office or regis | stered agent, or both, in the State of Flo | | | | |
| SIGNATURE | | | | orida. | | | |
| Signature, typed or printed name of regis | stered agent and title if applicable. (NC | DTE: Registered Agent signature requ | | | | | - - - - - |
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K & L Props, Inc. 4302 E. 10th Ave. #304 Tampa, FL 33605 (813) 242-6619

October 19, 2001

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

It was recently brought to my attention that our corporation had not received not to renew. I called and was informed that last year someone failed to enter our change of address and our renewal letter for this year was returned to your office as undeliverable. I was told to send this letter of explanation and my renewal fee and application that has just recently been sent to be reinstated.

Thank you,

Deborah Ericsson