

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC -1 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069037

1. Corporation Name

KLM DEVELOPMENT INC.

Principal Place of Business

105 E CENTRAL BLVD. SUITE 302  
ORLANDO FL 32801

Mailing Address

105 E CENTRAL BLVD. SUITE 302  
ORLANDO FL 32801

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2500 Norfolk Rd.

3. New Mailing Office Address, If Applicable

← Same

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/1998

5. FEI Number

59-3551143

Applied For

Not Applicable

City & State

Orlando, FL

City & State

Zip

32803

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Pres.	Neil Koni	2500 Norfolk Rd	Orlando, FL 32803

100003070471--1  
-12/15/99--01014-017  
\*\*\*\*\*758.75 \*\*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JONES, BRIAN M  
20 N ORANGE AVE, SUITE 1000  
ORLANDO FL 32801-4826

Name

Neil Koni

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

2500 Norfolk Rd

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of  
Registered Agent

*Neil Koni*  
REGISTERED AGENT MUST SIGN

Date

11/29/99

11. 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.

KE

SIGNATURE:

*Neil Koni*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil Koni, President

Date

11/29/99

Daytime Phone #

407-894-9095  
810-0202

CR20040 (8/99)