

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 PM 2:00

DOCUMENT # P99000006042

1. Corporation Name

Klink Inc. of TV

KS

300178049873
04/27/10--01017--015 **608.75

REINSTATEMENT 07-10

2. Principal Office Address - No P.O. Box #

119 Sands Pt. Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tierra Verde FL

City & State

Zip

Country

Zip

Country

33715

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

1-15-99

5. FEI Number

593551255

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

Lori Klingler

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

119 Sands Pt. Dr.

Suite, Apt. #, Etc.

City

Tierra Verde

State

FL

Zip Code

33715

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Lori Klingler

REGISTERED AGENT MUST SIGN

Date 4-20-10

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
P	Steve Klingler	119 Sands Pt. Dr.	Tierra Verde, FL 33714
VP	Lori Klingler	119 Sands Pt. Dr.	Tierra Verde, FL 33715

10. E-mail Address: loriklingler@tampabay.rr.com

(To be used for future annual report notification)

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. I further certify, 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:

Lori Klingler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-10 727-743-4881

Date

Daytime Phone #