

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED  00 DEC -5 PM 12: 14  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P99000027697</b>					
1. Corporation Name  <b>THE KLEINHANS GROUP, INC.</b>					
Principal Place of Business  980 Bay Esplanade Clearwater Beach, FL 33767 <small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>		Mailing Address  980 Bay Esplanade Clearwater Beach, FL 33767		800003493348--3 -12/11/00--01038--003 ****758.75 ****758.75	
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/22/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3583419</b> <del>02902810</del>	
City & State		City & State		Applied For  Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip		
P/S/T/D	Donald P. Kleinhans	980 Bay Esplanade	Clearwater Beach, FL 33767		
8. Name and Address of Current Registered Agent					
9. Name and Address of New Registered Agent					
Donald P. Kleinhans  980 Bay Esplanade  Clearwater Beach, FL 33767			Name Randolph J. Wolfe  Street Address (P.O. Box Number is Not Acceptable) 201 North Franklin Street  Suite, Apt. #, Etc. Suite 2200  City Tampa  State <b>FL</b>  Zip Code 33602		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505 F.S.  Signature of Registered Agent <u>Randolph J. Wolfe</u> Date <u>11/16/00</u> <small>REGISTERED AGENT MUST SIGN</small>					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <small>(See other side for information on intangible tax.)</small>					
12. I certify that I am an officer or director of 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 <u>Donald P. Kleinhans</u> <small>SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>11/20/00</u> <small>Daytime Phone #</small>		