

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -6 PM 2:25

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000038509

1. Corporation Name

KLATT & SIVIC, P.A.

2. Principal Office Address

7753 SW State Road 200

3. Mailing Office Address

7753 SW State Road 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34476

Country

USA

Zip

34476

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/27/1999 **SP**

5. FEI Number

59-3570520

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

Leonard H. Klatt

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

7753 SW State Road 200

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code

34476

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**

Leonard H. Klatt
REGISTERED AGENT MUST SIGN

Date *x 3 (May 2001)*

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
D	Leonard H. Klatt	7753 SW State Road 200	Ocala, Florida 34476
D	Sybil Y. Sivic	7753 SW State Road 200	Ocala, Florida 34476
P	Leonard H. Klatt	7753 SW State Road 200	Ocala, Florida 34476
VP	Sybil Y. Sivic	7753 SW State Road 200	Ocala, Florida 34476
S	Sybil Y. Sivic	7753 SW State Road 200	Ocala, Florida 34476
T	Sybil Y. Sivic	7753 SW State Road 200	Ocala, Florida 34476

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

x 5-31-01 *x 352 237-3304*
Date Daytime Phone #