

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000047492**

1. Corporation Name

**KLL SUPPORT SERVICES, INC.**

00 NOV 22 AM 10:54

Principal Place of Business

Mailing Address

~~28-NEEDLES DR.~~  
~~OCALA FL 34482~~

~~28-NEEDLES DR.~~  
~~OCALA FL 34482~~



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

**REINSTATEMENT** *00*

2. New Principal Office Address, if Applicable <b>3400 S.W. 60th AVE.</b>		3. New Mailing Office Address, if Applicable <b>P.O. Box 771688</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>05/20/1999</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3673552</b>	
City & State <b>Ocala Florida</b>		City & State <b>Ocala Florida</b>		Applied For Not Applicable	
Zip <b>34478</b>	Country	Zip <b>34477</b>	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>P/O</b>	<b>JOHNSON, JACK D JR</b>	<del>28-NEEDLES DR.</del> <b>17 NORTHERN DANCE</b>	<b>OCALA FL 34482</b>
<b>D</b>	<b>Pai EN-CHI AKA. ANDREW PAI</b>	<b>3F, NO. 157 Chien Kuo S. Road, Sec. 2,</b>	<b>TAIPEI, Taiwan</b>
<b>S/T</b>	<b>Eliska Leigh Been</b>	<b>3400 S.W. 60th AVE</b>	<b>Ocala, FL 34477</b>
			<b>4000003491154--1</b>
			<b>-12/07/00--01079-015</b>
			<b>***758.75 ***758.75</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~JOHNSON, JACK D JR.~~  
~~28-NEEDLES DR.~~  
~~OCALA FL 34482~~

Name  
**Eliska Leigh Been**  
Street Address (P.O. Box Number is Not Acceptable)  
**3400 S.W. 60th AVE.**  
Suite, Apt. #, Etc.

City  
**Ocala** State  
**FL** Zip Code  
**34478**

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

*Eliska Leigh Been*  
REGISTERED AGENT MUST SIGN

Date **15 NOV 00**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**15 NOV 00**

Date

**352-854-4942**

Daytime Phone #