PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | \ |
|---|---|---|
| 1 | 1 | 1 |
| 1 | L | |
| • | J | |

FILEU

SECRETARY OF STATE STYLENS

00 DEC 27 PH 2: 26

| COPPORATION REINGT FEMILIAN | ASS |
|--------------------------------|-----|
|--------------------------------|-----|

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P99000078585 | |
|------------|--------------|--|
| 4. 1 | 111 11 1.1. | |

1. Corporation Name Kleaning With Kelsie, Inc.

0/B/A KWK

9573 South Trace Kl Milton, F/ 32583

(850) 626-2670

2. Principal Office Address

3. Malling Office Address

9573 South Trace Rd 9573 South Trace Rd uite, Apt. #, etc.

3. Malling Office Address
9573 South Trace Rd Suite, Apt. #, etc.

8. I, being appointed the registered agent of the above named corporation, in familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

4. Date Incorporated or Qualified To Do Business in Florida

Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

| 7. Name and Address of Current Registered Agent | | |
|--|---|------------|
| Name Lytle R LaPlant | | |
| Street Address (P.D. Box Number is Not Acceptable) 9573 South TRace Rd | <u>100003890941</u> -03/21/0101095- ****1 50.00 *****1 | 008 008 |
| Suite, Apt. #, Etc. | ****100.00 | |
| City Milton | State Zip Code 32583 | |

| Signature o Registered | Agent 7 2/ 00 9// | GENT MUST SIGN | Date |
|---------------------------|--|---|--------------------|
| 9. Names | and Street Addresses of Each Officer and/or Director (Fl | | |
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| fres | Emily P LaPlant | 9573 South Trace Rd | Milton Fl. 32583 |
| | 51% | | , |
| V-Pres | Lytle R Laflant | 9573 South Trace Rd | Milton, Fl. 32583 |

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 filling 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



A FULL LINE JANITORIAL SERVICE COMPANY

December 20, 2000

Dear Sir or Madam:

I, LYTLE R LAPLANT OF KLEANING WITH KELSIE, INC, WAS CALLED THE OTHER DAY FROM MY WORK COMP. REP. AND WAS TOLD MY INC. DID NOT EXIST AT THIS TIME. THIS ALARMED ME AND I CALLED YOUR DIVISION TO ASK WHY THIS WAS SO. THE ANSWER CAME BACK TO ME THAT I HAD NOT PAID FOR THIS YEAR. MY RESPONSE TO THIS WAS AS FOLLWS: I THOUHT I WAS GOING TO RECEIVE A NOTICE OF RENEWAL BY MAIL. I HAVE NOT RECEIVED THIS NOTICE IN THE MAIL. I STILL WANT TO BE INC. AS I WAS WHEN I 1ST JOINED.

I CALLED AGAIN ON 12/20/2000 AND TALKED TO MICHELLE MILLIGAN AND SHE TOLD ME TO WRITE THIS LETTER EXPLAINING WHAT HAD HAPPENED AND WHY I HAD NOT PAID MY DUES YET.SHE TOLD ALL ABOUT THE SYSTEM AND INFORMED ME THAT EVERY JANUAURY I OWE MY DUES. SHE TOLD ME TO WRITE THE DIVISION A CHECK IN THE AMOUNT OF \$150.00 AND THAT IS THE PURPOSE OF THIS LETTER.

Sincerely,

LYTLE R LAPLANT

VICE - President, KWK



Williams Concrete Construction, Inc.

2009 TRAM ROAD S.E. 224-0759 TALLAHASSEE, FLORIDA 32311 December 20, 2000

Florida Department of State Katherine Harris P. O. Box 6327 Tallahassee, Florida

To Whom it May Concern:

We moved from 711 West Madison Street after about thirty years and our mail in the meantime was returned to you un-deliverable.

We need to have our Corporation reinstated as soon as possible.

Enclosed please find our Check and reinstatment form.

Thanking you kindly,

Fred Williams, President