PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

ARTICLES OF REINSTATEMENT AND FILED
04 OCT 26 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000081922

1. Corporation Name

KLUGGER, INC.

REINSTATEMENT 00.04
22/04 01016 003 1202.00

2. Principal Office Address		**3.** Mailing Office Address	
3261 SE 31ST STREET		3261 SE 31ST STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
OCALA, FL.		OCALA, FL.	
Zip	Country	Zip	Country
34471	USA	34471	USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/24/1999

5. FEI Number: 65-0951876 ☐ 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: JOSHUA JAY KLUGGER

Street Address (P.O. Box Number is Not Acceptable): 3261 SE 31ST STREET

Suite, Apt. #, Etc.:

City: OCALA | State: FL | Zip Code: 34471

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

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
PVPST	JOSHUA JAY KLUGGER	3261 SE 31ST STREET	OCALA/FL/34471
		900042188159 10/26/04--01060--008 **150.00	

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: X _____ JOSHUA KLUGGER 08/30/03 352-694-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #