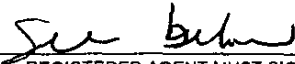
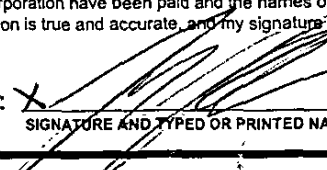


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000081922			
1. Corporation Name KLUGGER, INC.			
2. Principal Office Address 3261 SE 31ST STREET Suite, Apt. #, etc. City & State OCALA, FL. Zip 34471 Country USA		3. Mailing Office Address 3261 SE 31ST STREET Suite, Apt. #, etc. City & State OCALA, FL. Zip 34471 Country 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
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: 		JOSHUA KLUGGER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 08/30/03	Daytime Phone # 352-694-5022