

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

fg/0fz

FILED

04 MAY 27 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9900083448

1. Corporation Name

KLM Certified Case Management Services, Inc.,

2. Principal Office Address

NEW: 11240 N.W. 15th Street

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33323

Country

USA

3. Mailing Office Address

NEW: 11240 N.W. 15th Street

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33323

Country

USA

REINSTATEMENT 03-01

000035765500
05/07/04--01078--012 **300.00

4. Date Incorporated or Qualified

To Do Business in Florida 9/17/99

5. FEI Number

650949598

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
Karen L. Macaluso

Street Address (P.O. Box Number is Not Acceptable)
NEW: 11240 N.W. 15th Street

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33323

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

Karen L Macaluso
REGISTERED AGENT MUST SIGN

Date May 4, 2004

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
MRS. (President - only employee)	KAREN L MACALUSO	11240 NW 15th STREET	PLANTATION, FL 33323

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)(l), 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:

Karen L Macaluso / KAREN L. MACALUSO

May 4, 2004

(954) 801-3280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

152072

May 4, 2004

Department of State
Division of Corporations- Reinstatements
P.O. Box 6327
Tallahassee, FL 32314

RE: KLM Certified Case Management Services, Inc.
Document# P9900083448

Dear Reinstatement Officer,

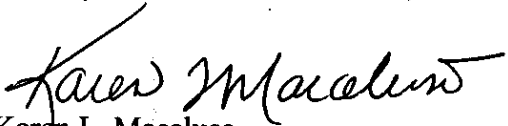
Please consider to reinstate "KLM Certified Case Management Services, Inc.". As the owner and only employee of my company I had neglected to change my business/ home address with your offices when I had moved last year. The only reminder I have every year is when I do receive the annual report form from your office. Apparently, the form was never forwarded to my new address. I am very sorry. Being self employed, being the only employee and making very little, I would like to be reinstated without any penalty if that is at all possible.

I have enclosed a check for \$300.00.

\$150.00 for 2003

\$150.00 for 2004

Thank you for this consideration,



Karen L. Macaluso

KLM Certified Case Management Services, Inc.