

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 DEC -5 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L33259**

1. Corporation Name

**KNIGHT GLOBAL USA, INC.**

REINSTATEMENT **90-05**

2. Principal Office Address

**8551 W. SUNRISE BLVD**

Suite, Apt. #, etc.

**SUITE 302**

City & State

**PLANTATION, FL**

Zip

**33322**

Country

**USA**

3. Mailing Office Address

**8551 W. SUNRISE BLVD**

Suite, Apt. #, etc.

**SUITE 302**

City & State

**PLANTATION**

Zip

**33322**

Country

**USA**

CR2E081 (8/05)

T. Roberts

DEC 05 2005

4. Date Incorporated or Qualified To Do Business in Florida

**11/23/1989**

5. FEI Number

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

**SUN REAL ESTATE SOLUTIONS, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**8551 W. SUNRISE BLVD**

Suite, Apt. #, Etc.

**SUITE 302**

City

**PLANTATION**

State

**FL**

Zip Code

**33322**

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

*Michael E. Mummert*

Date **12-2-05**

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
P/D/S	MICHAEL E. MUMMERT	8551 W. SUNRISE BLVD	PLANTATION, FL 33322
VP/S	GLADYS THOMAS	8551 W. SUNRISE BLVD	PLANTATION, FL 33322
VP/T	HYON SUN MUMMERT	8551 W. SUNRISE BLVD	PLANTATION, FL 33322
D	DESMOND G. THOMAS	8551 W. SUNRISE BLVD	PLANTATION, FL 33322

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:

*Michael E. Mummert* Pres.

Date **12-2-05**

Daytime Phone # **954 723-9031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #