PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 24 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097280

1. Corporation Name

KNOX'S GROUP, INC.

Principal Place of Business	Mailing Address
6353-2 ARGYLE FOREST BOULEVARD	2979 TUNICA TRAIL
JACKSONVILLE FL 32244	MIDDLEBURG FL 32068

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
6339-4		6339-4	
Suite, Apt. #, etc. ARGYLE FOREST BVD		Suite, Apt. #, etc. ARGYLE FOREST BVD	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32244	Country USA	Zip 32244	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/19/1998

5. FEI Number 59-3543899 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	KNOX, PETER	6353-2 ARGYLE FOREST BOULEVARD	JACKSONVILLE FL 32244
		~~635~~	
		6339-4 ARGYLE	
		FOREST BLVD	

000008551220
10/23/02--01096--001 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KNOX, PETER 2979 TUNICA TRAIL MIDDLEBURG FL 32068	Name: PETER KNOX Street Address (P.O. Box Number is Not Acceptable): 6339-4 ARGYLE FOREST BLVD Suite, Apt. #, Etc.: City: JACKSONVILLE State: FL Zip Code: 32244

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED PETER KNOX Date 10/21/02
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED PETER KNOX 10/21/02 904 317-9585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KNOX, PARIKH, AND ASSOCIATES

Psychological Counseling, Assessment, and Forensic Services

6339-4 Argyle Forest Boulevard
Jacksonville, FL 32244
Phone: (904) 317 – 9565 Fax: (904) 317 - 9520

Peter Knox, M.Ed., Psy.D., DABPS
Diplomate American Board of
Psychological Specialties
Licensed Psychologist #PY0005725

Ed R. Paat, M.S. LMFT
Licensed Marriage and Family Therapist
Psychotherapist
LMFT#297

Joy Chudzynski, M.A.
Psychometrist

Department of State
Divisions of Corporations
P. O. Box 6327
Tallahassee, Fl.
32314

Dear Sirs,

Our above named company just received, on October 21st 2002, our 2002 Uniform Business Report. We have had two geographical moves in the last year; one move was for the registered agent and the other move was the principal office address. We believe that any prior notices were not delivered to us due to the moves. We did receive the Administrative Dissolution notice that was sent to a temporary address, which will also change in January of 2003.

To make matters easier next year, we have changed all addresses to our new permanent office location. We apologize for any inconvenience and respectfully submit the 2002 Uniform Business Report for reinstatement. If you have any questions or comments please call or write the permanent office location or phone number noted on the letterhead.

Thank You

Peter Knox