

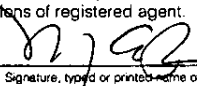
2006 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT-06

DOCUMENT # 377584			
1. Entity Name KNOB HILL ENTERPRISES, INC.			
Principal Place of Business 1740 N.W. AVENIDA DEL SOL BOCA RATON FL., 33432		Mailing Address 225 NE MIZNER BLVD STE 150 BOCA RATON, FL 33432	
2. Principal Place of Business		3. Mailing Address 19555 W. EDWARDS RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ANTIOCH, IL	
Zip	Country	Zip	Country
60002	USA		
4. FEI Number 59-1325734		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMOS, MARICELA A % BANK ONE 225 NE MIZNER BLVD STE 150 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name MARICELA A. RAMOS Street Address (P.O. Box Number is Not Acceptable) c/o JPMORGAN 2385 EXECUTIVE CENTER DR., FLOOR 2 City BOCA RATON FL Zip Code 33431-8579	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILANI, DEAN JR. 19555 EDWARDS RD ANTIOCH, IL 60002 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULKNER, STEVEN L P.O. BOX 710212 COLUMBUS, OH 432710212 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, MARICELA A 225 NE MIZNER BLVD STE 150 BOCA RATON, FL 33432 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied on this report or supporting documents of the corporation or the receiver or trust changed, or on an attachment with regard to this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered.		300081986749 11/21/06--01037--020 **150.00	
SIGNATURE: 		11/14/06	
SIGNATURE AND TYPE		Date	
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	