

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR -3 PM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 480221

1. Corporation Name

Knight Cattle Co., Inc.

2. Principal Office Address

7520 S.E. Pine Island Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Arcadia, Fl.

City & State

Zip

34266

Country

Desoto

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/75

5. FEI Number

59-1614879

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

John A. Knight Sr.

500005491755-9

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

7520 S.E. Pine Island Rd.

05/08/02-01043-081

****1350.00 ***1350.00*

Suite, Apt. #, Etc.

City

Arcadia

State

FL

Zip Code

34266

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

John A. Knight Sr.

REGISTERED AGENT MUST SIGN

Date

03/29/02

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.	<i>Helen Knight</i>	<i>425 Myrtle St.</i>	<i>Ft. Meade, Fl. 33841</i>
V.	<i>John A. Knight Sr.</i>	<i>7520 S.E. Pine Island Rd.</i>	<i>Arcadia, Fl. 34266</i>

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:

John A. Knight Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/02 (863) 491-6447

Date

Daytime Phone #

CR2E081 (9/01)