

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 506419

1. Corporation Name

Wolf Knob, Inc.

2. Principal Office Address - No P.O. Box #

1211 Fontana Road

Suite, Apt. #, etc.

City & State

Bryson City, North Carolina

Zip

28713

Country

USA

3. Mailing Office Address

P.O. Box 1159

Suite, Apt. #, etc.

City & State

Bryson City, North Carolina

Zip

28713

Country

USA

**REINSTATEMENT**

CR2E081 (11/09)

07-10

4. Date Incorporated or Qualified  
To Do Business in Florida

July 1, 1976

5. FEI Number

59-1788476

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

Anne E. Williams

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

1901 Brinson Road

Suite, Apt. #, Etc.

B-11

City

Lutz

State

FL

Zip Code

33558

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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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

Anne E. Williams

Date April 8, 2010

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	Anne E. Williams	P.O. Box 1159, 1211 Fontana Road	Bryson City, NC 28713
S	Jeanette Parris	P.O. Box 183; 358 Incline Drive	Sylva, NC 28779

10. E-mail Address: jp@wolfknobinc.com

(To be used for future annual report notification)

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. I further certify, 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:

Jeanette Parris

Jeanette Parris

April 8, 2010 828-488-4759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #