

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harjis
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 829861

1. Corporation Name

HUNTER-KNEPSHIELD COMPANY

Principal Place of Business

6813 W HWY 22
CRESTWOOD, KY. 40014
US

Mailing Address

6813 W HWY 22
P. O. BOX 899
CRESTWOOD, KY. 40014
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

10 Hunters Trail

City & State
LAGrange KY

Zip
40031

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

PO Box 499

City & State
LAGrange KY

Zip
40031

Country
USA

[Signature]



REINSTATEMENT 1999

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1973

5. FEI Number

61-0668607

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KNEPSHIELD, THOMAS M	902 SHADY LANE	ANCHORAGE KY
V	KNEPSHIELD, THOMAS M. II	7719 CAMBRIDGE COURT	CRESTWOOD KY
			000003105020--6 -01/20/00--01108--003 ****600.00 ****600.00
			000003105020--6 -01/20/00--01108--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

GRINSTEAD, CHARLIE
26 SAIL FISH DRIVE
PONTE VEDRA FL 32082

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Charlie Grinstead

Date

10/1/99

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 AI

SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M. Knepschild
Vice President

[Signature]

Date

10/1/99 (502) 225-9121

Daytime Phone #

CR2E040 (8/99)