

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -2 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003997

1. Corporation Name

GOOD KNIGHT CHILD EMPOWERMENT NETWORK INC.

Principal Place of Business

Mailing Address

4605 SELLMAN ROAD
BELTSVILLE MD 20705

BOX 901
BELTSVILLE MD 20705

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/2001

5. FEI Number

52-1443773

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	ZUMWALT, JAMES G	1831 WIEHLE AVENUE #103	RESTON VA 20190
V	COOPER, JACQUELINE	4605 SELLMAN ROAD	BELTSVILLE MD 20705
S	CLARKE, DIANE	2811 NOMAD CT EAST	BOWIE MD 20716
T	SEVILLA, JUNE	403 CALVERT BLVD POB 354	SOLOMONS MD 20688
C	CASCIO, MARIA	BOX 901 (N/A)	BELTSVILLE MD 20705
VC	MASTBROOK, NANCY	3602 PEAR TREE CT #22	SILVER SPRING MD 20906

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARSON, KEITH
3695-B SAVOY LANE
WEST PALM BEACH FL 33417

Name

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

3720 SAVOY LANE

Suite, Apt. #, Etc.

City

000024982100
11/24/03--01097--00 State # Zip Code
FL 33125

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

Keith Carson

REGISTERED AGENT MUST SIGN

Date

11/15/03

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:

Jacqueline Cooper JACQUELINE COOPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/3/03 301-785-6541



Good Knight Child Empowerment Network, Inc.

Reducing Crime and Violence in the 21st Century • www.goodknight.org

December 12, 2003

To: Justin M. Shivers
Document Specialist
Florida Department of State
Division of Corporations
Box 6327
Tallahassee, Florida 32314

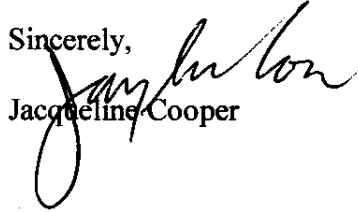
From: Jacqueline Cooper
Executive Officer

Dear Justin:

As per our conversation, I am sending back the documents so that it can be filed correctly please. We did not receive our business forms to file our officers, etc. Please reinstate our charity. We have already paid the required fee of \$61.25.

Thank you. If you have any questions, please call me at 301-785-6541.

Sincerely,


Jacqueline Cooper

