

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F98000005653**

1. Corporation Name

**GH KNIGHTLEX, INC.**

Principal Place of Business

353 W. LANCASTER AVE., STE 210  
WAYNE PA 19087

Mailing Address

353 W. LANCASTER AVE., STE 210  
WAYNE PA 19087

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/1998

SP

5. FEI Number **23-2978407**  
**23-2971864**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **SP**

SP 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
PD	HOLLOWAY, GARY M	353 W. LANCASTER AVE., STE 210	WAYNE PA
VSD	COYLE, CATHERINE	353 W. LANCASTER AVE., STE 210	WAYNE PA
VTD	ROBINSON, BRUCE F	353 W. LANCASTER AVE., STE 210	WAYNE PA
ASD	DIGIUSEPPE, ROBERT	353 W. LANCASTER AVE., STE 210	WAYNE PA

600003078606--9  
-12/22/99--01094--006  
\*\*\*\*750.75 \*\*\*\*750.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

*Mary Alice Rogers*

REGISTERED AGENT MUST SIGN

Date

12-6-99

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 name of the corporation is not on the list of corporations that are exempt from the requirements of 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.

**MARY ALICE ROGERS**  
Assistant Vice President

SIGNATURE:

*Robert DiGiuseppe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert DiGiuseppe, Asst. Secretary

12-3-99

Date

610-687-6321

Daytime Phone #