

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -4 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H64312**

1. Corporation Name

**KNIGHT LIVESTOCK, INC.**

Principal Place of Business

1238 PLACID DRIVE  
LSKE PLACID FL 33852  
US

Mailing Address

P.O. BOX 2208  
LAKE PLACID FL 33852  
US



300009345443  
12/04/02--01029--012 \*\*150.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/27/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2553044

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	KNIGHT, JACK A.	1238 PLACID DRIVE	LAKE PLACID FL
VST	KNIGHT, MARIA H.	1238 PLACID DRIVE	LAKE PLACID FL
D	KNIGHT, MARIA H.	1238 PLACID DRIVE	LAKE PLACID FL

8. Name and Address of Current Registered Agent

KNIGHT, JACK A.  
1238 PLACID DR  
LAKE PLACID FL 33852

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-26-02

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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JACK A. KNIGHT**  
Date 11-26-02 Daytime Phone # 863-465-5664

CR2E040 (8/02)

**KNIGHT LIVESTOCK, INC.**  
P.O. BOX 2208  
LAKE PLACID, FL 33852

November 20, 2002

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
Post Office Box 6327  
Tallahassee, FL 32314-6327

Re: Reinstatement

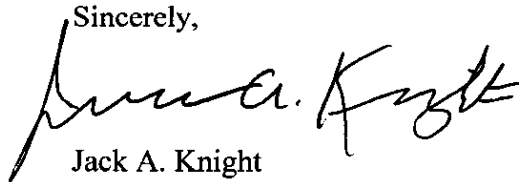
Dear Sir or Madam:

Please find enclosed the application for Reinstatement received from the State of Florida along with the appropriate filing fee of \$150.00.

To the best of my knowledge and belief I did not receive the prior two Uniform Business Report (UBR) notices and I request that you waive the Reinstatement fee of \$650.00.

Your attention to this request is appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Jack A. Knight", is written over the typed name.

Jack A. Knight  
President