

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

FILED  
02 JUN 26 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012456

1. Limited Liability Company's Name

KNT, LLC

2. Principal Office Address

2115 Lakeside Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida 32803

Zip

32803

Country

USA

3. Mailing Office Address

2115 Lakeside Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32803

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/13/2000

6. FEI Number

59-3749550

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ EX

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

N. Scott Novell

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

2131 Lake Debra Drive

Suite, Apt. #, Etc.

City

Orlando

State  
FL

Zip Code

32835

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 6/24/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgmn	DALE TURK	2115 Lakeside Drive	Orlando, Florida 32803

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date 06/25/02

Daytime Phone # 407-841-2115

Typed or printed name of signing Managing Member/Manager

DALE TURK

CR2E041 (9/01)