

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 MAY 22 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L37454

1. Corporation Name

KNIGHT'S DAIRY, INC.

2. Principal Office Address - No P.O. Box #

1565 N ED WELLS RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WAUCHULA, FL

Zip

33873

Country

US

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/18/1989

5. FEI Number  
59-3000916

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CHARLES C KNIGHT, II

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

1565 N ED WELLS RD

Suite, Apt. #, Etc.

City

WAUCHULA

State

FL

Zip Code

33873

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Charles C Knight, II*

Date 05/11/2008

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	CHARLES C KNIGHT, II	1565 N ED WELLS RD	WAUCHULA, FL 33873
DST	CAROL E KNIGHT	1565 N ED WELLS RD	WAUCHULA, FL 33873
DST	CHARLES C KNIGHT, III	1445 N ED WELLS RD	WAUCHULA, FL 33873
V	CHRISTOPHER D KNIGHT	1440 N ED WELLS RD	WAUCHULA, FL 33873
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="text-align: center;"> <div style="font-size: 2em; font-weight: bold;">RH</div> <div style="font-size: 1.2em;">200130910308</div> <div style="font-size: 0.8em;">06/05/08--01037--015 **1050.00</div> </div> </div>			

10. 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 contained in Chapter 119, 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:

*Charles C Knight, II*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/11/2008 863-773-4716

Date

Daytime Phone #