

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000009008

1. Corporation Name

Knights of the Krewe of Cavaliers, Inc.

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

2920 W. El Prado Blvd.

Suite, Apt. #, etc.

2

City & State

Tampa, FL

Zip
33629

Country

Hillsborough

3. Mailing Office Address

P. O. Box 26935

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip
33623

Country

Hillsborough

REINSTATEMENT

CR2E0817(1/07)

03-07

4. Date Incorporated or Qualified
To Do Business in Florida

09/2001

5. FEI Number

01-0588473

☐ 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

Gary R. Smith

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

7713 North Ola Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

☐ 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

Gary R. Smith
REGISTERED AGENT MUST SIGN

Date December 21, 2007

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
P	Gary Smith	7713 North Ola Avenue	Tampa, FL 33604
V	Harvey Petty	821 South Edison	Tampa, FL 33606
S	Jeff Fugere	3022 West Hawthorne Road	Tampa, FL 33611
T	David Newcombe	2920 W. El Prado Blvd., # 2	Tampa, FL 33629
D	Elaine Scrima	5502 Carrollwood Meadows Dr.	Tampa, FL 33625

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Smith, President

December 21, 2007 813-390-3885

Date

Daytime Phone #