

APPLICATION FOR REINSTATEMENT



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

FILED
 00 DEC 13 AM 11: 01
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **N93000003221**
 1. Corporation Name
KNIGHTS OF MIAMI SPORTS ASSOCIATION INC.

Principal Place of Business	Mailing Address
13640 S.W. 103 AVENUE MIAMI FL	13640 S.W. 103 AVENUE MIAMI FL

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/19/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0443348	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	WIGGINS JESSE	13640 SW 103RD AVE.	MIAMI FL 33176
VPD	WIGGINS MERCEDES	13640 SW 103RD AVE.	MIAMI FL 33176
SD	BELLAK, CAROL	19628 SW 87TH COURT	MIAMI FL 33157

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RODGERS, FRANCIS 22878 SW 80 TERR MIRAMAR FL 33025		Name: <i>Carole Bellak</i> Street Address (P.O. Box Number is Not Acceptable): <i>19628 S-W. 87 Ct.</i> Suite, Apt. #, Etc.: City: <i>MIAMI</i> State: FL Zip Code: 33157	

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: *[Signature]* **SIGNATURE REQUIRED**
 Date: *12-3-00* / *10-20-00*

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**
 Date: *10-20-00* Daytime Phone #: *305 232-1686*



CR2E040 (8/00)

KE