

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 JUN -3 PM 1:47

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/19/1993

5. FEI Number

65-0443348

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

BELLAK, CAROL  
19628 S.W. 87 CT.  
MIAMI FL 33157

Name

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

Suite, Apt. #, Etc.

City

400005729424--7

-06/10/02--01082--018

\*\*\*\*236 25 \*\*\*\*236.25

State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0401, F.S.

Signature of  
Registered Agent

*Carol Bellak*

REGISTERED AGENT MUST SIGN

Date

4-30-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02

232-1686

CR2E040 (8/01)