

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -5 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N98000002261**

1. Corporation Name

**KNIGHT VISION FOUNDATION, INC.**

Principal Place of Business

%MICHAEL SCHWARTZ CPA  
2580 SUNRISE HIGHWAY  
BELLMORE NY 11710

Mailing Address

%MICHAEL SCHWARTZ CPA  
2580 SUNRISE HIGHWAY  
BELLMORE NY 11710



800009372378  
12/05/02--01039--013 \*\*51.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/17/1998

5. FEI Number

65-0829583

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VSD	KLEINKNECHT, PETER	960 REEF ROAD	VERO BEACH FL 32963
PTD	KLEINKNECHT, MAUREEN	960 REEF ROAD	VERO BEACH FL 32963
D	KLEINKNECHT, GAVIN	960 REEF ROAD	VERO BEACH FL 32963
D	KLEINKNECHT, SABRINA	960 REEF ROAD	VERO BEACH FL 32963
D	KLEINKNECHT, KEIR	960 REEF ROAD	VERO BEACH FL 32963

8. Name and Address of Current Registered Agent

POLISH, SHELDON  
515 EAST LAS OLAS BLVD.  
SUITE 1500  
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name  
**PETER KLEINKNECHT**  
Street Address (P.O. Box Number is Not Acceptable)  
**960 REEF ROAD**  
Suite, Apt. #, Etc.  
City  
**VERO BEACH** State **FL** Zip Code **32963**

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

*10/28/02*

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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10/28/02*

**KNIGHT VISION FOUNDATION, INC.**

C/O Schwartz & Company, LLP  
2580 Sunrise Highway  
Bellmore, NY

October 22, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

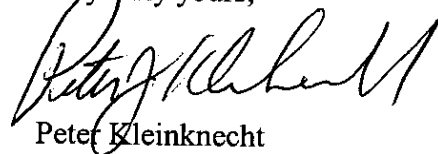
Ref: Knight Vision Foundation, Inc.  
FEI#65-0829583

Gentlemen:

Enclosed herewith please find our Application for Reinstatement, as well as our annual report fee of \$61.25.

We are respectfully requesting that you waive the \$175.00 reinstatement fee, in that we did not receive the two prior uniform business report notices. Thank you for your consideration.

Very truly yours,



Peter Kleinknecht

Enclosures