


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT 24 PM 6:28	
DOCUMENT # P00000021265					
1. Corporation Name TAYLOR C. KNIGHT, INC.					
Principal Place of Business 935 BAYSHORE RD. NOKOMIS FL 34275		Mailing Address 935 BAYSHORE RD. NOKOMIS FL 34275			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 8191 N. TAMiami TR Suite, Apt. #, etc. STE 109 City & State SARASOTA FL Zip 34243 Country		3. New Mailing Office Address, If Applicable 8191 N. TAMiami TR Suite, Apt. #, etc. STE 109 City & State SARASOTA FL Zip 34243 Country		4. Date Incorporated or Qualified To Do Business in Florida 03/01/2000	
				5. FEI Number 65-0986016	
				Applied For <input type="checkbox"/> 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)					
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4		
D	GEREN, KEITH T GEREN, KEITH T (MISSPELLED LAST NAME)	935 BAYSHORE RD.	NOKOMIS FL 34275		
			900004679329--6 -11/14/01--01088--002 ****150.00 ****150.00		
8. Name and Address of Current Registered Agent GEREN, KEITH T 935 BAYSHORE RD. NOKOMIS FL 34275			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code		
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 REQUIRED REGISTERED AGENT MUST SIGN			Date 10-19-01		
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)(f), 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: KEITH T GEREN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 10-19-01 Daytime Phone # 941-355-2986		

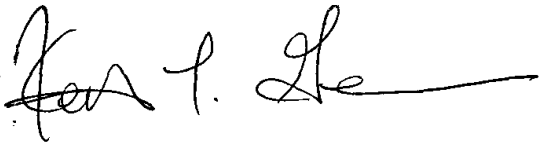
10.19.01

DEAR SIR,

I AM ENCLOSING MY \$150.00 RENEWAL
FEE. I NEVER RECEIVED A "NOTICE OF RENEWAL"
FORM. PLEASE NOTE MY CHANGE OF
ADDRESS.

THANK YOU VERY MUCH.

SINCERELY,



KEITH T. GEREN

PRESIDENT,

TAYLOR C. KNIGHT, INC.
