

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 FEB -2 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000033589

1. Corporation Name

Knight Properties, Inc.

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

6056 Ulmerton Road

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33760

Country

USA

3. Mailing Office Address

6056 Ulmerton Road

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33760

Country

USA

300167827133  
02/02/10--01040--018 \*\*1208.75

**REINSTATEMENT**

07-10

4. Date Incorporated or Qualified  
To Do Business in Florida

04/03/2000

5. FEI Number

593669639

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

Donna Bentley

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

6056 Ulmerton Road

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33760

☐ 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

Date 2-1-2010

REGISTERED AGENT MUST SIGN

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/S/T	Jeffrey Knight	6056 Ulmerton Road	Clearwater, FL 33760

10. E-mail Address: dbentley@knight-enterprises.com

(To be used for future annual report notification)

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. I further certify 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

2-1-2010

Date

Daytime Phone #

2/3 aw