

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

*Page 1 of 2*

**DOCUMENT # P00000038381**

1. Corporation Name

**K-NEX, INC.**

**FILED**

02 APR -5 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

2479 NE 95 STREET  
ANTHONY FL 32617

Mailing Address

2479 NE 95 STREET  
ANTHONY FL 32617

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

04/10/2000

5. FEI Number

59-3648022

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
D	KETCHUM, MORRIS C JR	2479 NE 95 STREET	ANTHONY FL 32617
			100005449461--1 -05/03/02--01036--010 ****300.00 ****300.00

*OLU2 UBR: 78*

8. Name and Address of Current Registered Agent

KETCHUM, MORRIS C JR  
2479 NE 95 STREET  
ANTHONY FL 32617

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]*

REGISTERED AGENT MUST SIGN

Date

*04/04/02*

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)(l), 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]* MC KETCHUM JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*04/02/02*

352854

9285

Daytime Phone #

CR2E040 (8/01)

04/02/02

Florida Department Of State  
Division Of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Uniform Business Report

Dear Sirs:

We did not receive the Uniform Business Report for 2001. Our mailing address is:

K-Nex, Inc  
Post Office Box 100  
Anthony, Florida 32617

Please send all correspondence to this address. Apparently the Uniform business report was sent to the wrong address.

Respectfully,

  
M.C. Ketchum, Jr.  
Cc: Filed