

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 MAY -6 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091956

1. Corporation Name

WHITE KNUCKLE ENGINEERING
INC.

2. Principal Office Address

4700 SW 61 AVE

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33314

Country

USA

3. Mailing Office Address

4700 SW 61 AVE

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33314

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/00

5. FEI Number

65-1041683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

000005574800--8

-05/20/02--01063--018

****308.75 ****308.75

308.75

7. Name and Address of Current Registered Agent

Name

James m. Gianfriddo

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

4700 SW 61 AVE.

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33314

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

James M. Gianfriddo

Date

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
president	James m Gianfriddo	4700 SW 61 AVE DAVIE, FL 33314	

10. 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:

James M. Gianfriddo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

5/15/02

***White Knuckle Engineering Inc.
4700 Southwest 61st Avenue
Davie, FL 33314***

April 30, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find an Application for Reinstatement for White Knuckle Engineering Inc. and a check in the amount of \$308.75. The check is to pay for the Uniform Business Reports for 2001 and 2002 and also to receive a Certificate of Status. The Uniform Business Reports were not previously filed because I never received any information and was unaware that they were required.

I thank you in advance for your cooperation and apologize for any inconvenience this may have caused. Please contact me at (954) 448-4381 if you need any additional information.

Sincerely,

James M. Gianfriddo

James M. Gianfriddo