

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 14 AM 5:47

DOCUMENT # P00000096863

1. Corporation Name

KNAW + SONS INC.

REINSTATEMENT 01-04

2. Principal Office Address

4230 SE 47<sup>th</sup> PL

3. Mailing Office Address

4230 SE 47<sup>th</sup> PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

Zip

34480

Country

MARION

Zip

34480

Country

MARION

4. Date Incorporated or Qualified  
To Do Business in Florida

OCT 13, 2000

5. FEI Number

65-1052061

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

William H KNAW

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

4230 SE 47<sup>th</sup> PL

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34480

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12-9-04

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
DR	William H KNAW	4230 SE 47 <sup>th</sup> PL	OCALA, FL 34480

900043616239  
12/27/04--01002--024 \*\*600.00

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(352)  
812-2081

Daytime Phone #

202

December 9, 2004

Secretary of State  
Division of Corporations  
409 E Gables Street  
Tallahassee, Florida 32399  
Personal & Confidential  
Attn: Eyla Peterson  
Reinstatement Section

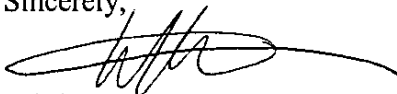
Re: Knaul & Sons, Inc. 65-1052061 Reinstatement

Dear Eyla Peterson:

Please find enclosed the documentation that I have to proceed with the reinstatement of Knaul & Sons, Inc. As previously stated, due to my moving, the postal service failed to forward the renewal packet of necessary forms for the Division of Corporations.

Thank you in advance for all of your help in gaining this reinstatement.

Sincerely,



William Knaul  
President  
Knaul & Sons, Inc.