

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAY 15 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000105933

1. Corporation Name  
EVAN KNIGHT PLASTERING INC,

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

4377 CYNTHIA ST,  
Suite, Apt. #, etc.

3. Mailing Office Address

4377 CYNTHIA ST,  
Suite, Apt. #, etc.

City & State

ORLANDO FL,

City & State

ORLANDO FL,

Zip

32811

Country

ORANGE

Zip

32811

Country

ORANGE

7. Name and Address of Current Registered Agent

Name

EVAN KNIGHT

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

4377 CYNTHIA ST,

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32811

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

Evan Knight

REGISTERED AGENT MUST SIGN

Date 4.25.07

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
	<u>PRESIDENT</u>		<u>900103285099</u> <u>05/25/07--01015--010 **1350.00</u>
	<u>EVAN KNIGHT</u>	<u>4377 CYNTHIA ST,</u>	<u>ORLANDO FL, 32811</u>

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 contained in Chapter 119, 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:

Evan Knight

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.07

Date Daytime Phone #

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-2721530

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.