PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secretar	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 07 JUL 18 AM 10: 51
DOCUMENT # P01000006754 1. Corporation Name				
KNIGHT CORP CONSTRUCTION INC.				
won - 32637				
2. Principal Office Address - No P.O. Box # 18 23 Eqst 109 ^{TL} AVE Suite, Apt. #, etc.	 '		REIN	CTATEMENT 04-07
	Suite, Apt. #, etc.			orated or Qualified ness in Florida 01-16-2001
City & State Tampa, FL.	City & State	FL.	5. FEI Number	
2ip Country 336/2 USA	3361Z	Country USA	6.	OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			1	"
Name Patrick S. Knight Street Address (P.O. Box Number is Not Acceptable) 1823 East 109 Th Avenue Suite, Apt. #, Etc. City			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.	
lampa	hove named corporation, an	FL 33612	oblinations of section	on 607 0505 or 617 0503 .F.S.
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 Patricks - Lingst - Date 07-03-2007 REGISTERSD AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer a	and/or Director (Florida nonp	rofit corporations must list at k	east 3 directors)	
Titles Name of Officers and/or Directo	Name of Street Addr Officers and/or Directors Officer and			City / State / Zip
P Patrick S. Knia	ht 182	1823 East 109 in Avenue		Tampa, FL. 33612
				
			07.718 	707-01040-010 **soo.00
				0106341110 0701040011 **8.75
10.1 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: Patrick 2. King 1.				
SIGNATURE: 100.000	DOINTED HAVE OF SICHING C	DEEMED OF DIRECTOR	", ",	Data Davima Phone #