

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000095066

1. Corporation Name

KNOW-IT ENTERPRISES, INC.

02 NOV 12 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1975 SACRAMENTO
WESTON FL 33326

Mailing Address

1975 SACRAMENTO
WESTON FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/2001

5. FEI Number

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)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P

THEOBALD, GRAIG F

1975 SACRAMENTO

WESTON FL 33326

300008939539
11/12/02--01096--012 **150.00

8. Name and Address of Current Registered Agent

THEOBALD, GRAIG F
1975 SACRAMENTO
WESTON FL 33326

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-02

69541
465-3636

CR20040 (8/02)

GENE S. BONHAM, C.P.A., P.A.

1999 UNIVERSITY DRIVE, SUITE 212
CORAL SPRINGS, FLORIDA 33071
TELEPHONE (954) 753-6966 • FAX (954) 753-6999
EMAIL: gbonham@aol.com

Member

American Institute of
Certified Public Accountants

Florida Institute of
Certified Public Accountants

November 5, 2002

Florida Department of Revenue
Mr. Sean Toner
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: KNOW-IT ENTERPRISES, INC.
REF NO: P01000095066

Dear Mr. Toner:

In reference to the above-mentioned corporation, please find enclosed a check, NO 1105 for \$150.00, the annual fee. This corporation, started in September of 2001, was unaware of the necessity of the annual report. The corporate office is not sure if the original was ever received. We have since advised the officer that a report is to be filed on a yearly basis. We hope that, again, since this is the initial year for the corporation that you will accept the enclosed as payment in full.

Thank you for your assistance in this matter.

If further information is needed, please contact the sender.

Sincerely,

Gene S. Bonham C.P.A., P.A.

Gene S. Bonham, C.P.A., P.A.

Enclosures