

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000095066**

1. Corporation Name

KNOW-IT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1975 SACRAMENTO WESTON FL 33326	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	4. Date Incorporated or Qualified To Do Business in Florida	09/28/2001
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status
Zip	Country	Zip	Country

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

500008939599
11/12/02--01096--012 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
THEOBALD, GRAIG F 1975 SACRAMENTO WESTON FL 33326	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	
	State	Zip Code
	FL	

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** _____ Date _____
 REGISTERED AGENT MUST SIGN

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: 11-1-02 Daytime Phone #: (954) 465-3636

CR2E040 (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

November 5, 2002

Member
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

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