

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000037454**

1. Corporation Name

**White Knight Construction Inc.**

2. Principal Office Address

**11477 Stringfellow RD**

Suite, Apt. #, etc.

City & State

**Bokeelia, FL**

Zip

**33922**

Country

**Lee**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**4/5/2002**

5. FEI Number

**01-0654462**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**T. Roberts**  
CR2E081 (8/05)

**REINSTATEMENT**

**JAN 03 2005**

7. Name and Address of Current Registered Agent

Name

**Michael D. King**

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

**11477 Stringfellow RD**

Suite, Apt. #, Etc.

City

**Bokeelia, FL**

State

**FL**

Zip Code

**33922**

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

**Michael D. King**

REGISTERED AGENT MUST SIGN

Date **12/27/05**

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
P	<b>Michael D. King</b>	<b>11477 Stringfellow RD</b>	<b>Bokeelia, FL 33922</b>
S	<b>Germaine King</b>	<b>11477 Stringfellow RD</b>	<b>Bokeelia, FL 33922</b>

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:

**Michael D. King**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/27/05 239-283-6096**

Date

Daytime Phone #

ps 2-92

WHITE KNIGHT CONSTRUCTION INC  
11477 STRINGFELLOW RD  
BOKEELIA, FL 33922

DECEMBER 23, 2005

STATE OF FLORIDA  
DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: REINSTATEMENT OF CORPORATION  
01-0654462  
DOCUMENT#P02000037454

TO WHOM IT MAY CONCERN:

PER MY CONVERSATION WITH YOUR OFFICE I AM REQUESTING MY CORPORATION BE REINSTATED.

WE WERE HIT BY A HURRICANE IN NOVEMBER 2005 AND HAVE HAD A MAIL PROBLEM RESULTING IN THAT. WE HAD SOMEONE COME TO OUR HOUSE LAST WEEK WITH BOTH YOUR NOTICES OF DISSOLUTION, WHICH WE DID NOT RECEIVE, BECAUSE SHE HAD A LOT OF OUR MAIL IN HER MAIL BOX. SHE LIVES UP NORTH AND ONLY COMES DOWN IN DECEMBER AND WHEN SHE CAME DOWN THIS YEAR SHE HAD OUR MAIL IN HER BOX.

I CHANGED ACCOUNTANTS LAST YEAR AND MY PREVIOUS ACCOUNTANT TOOK CARE OF THIS, THEREFORE WE DID NOT REALIZE IT WAS NOT DONE.

PLEASE SEE ENCLOSED CHECK FOR \$150.00 FOR 2005.

THANK YOU

  
MICHAEL D. KING  
PRESIDENT