


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> 07 MAY 15 AH11:13 DEPT. OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P03000021604</b>				
<b>1. Corporation Name</b> Knives 4 Things, Inc.				
<b>2. Principal Office Address - No P.O. Box #</b> 5770 Irls Bronson Hwy Suite, Apt. #, etc. # 159 City & State Kissimmee Zip 34746 Country		<b>3. Mailing Office Address</b> 5770 Irls Bronson Hwy Suite, Apt. #, etc. # 159 City & State Florida Zip Country		
<b>7. Name and Address of Current Registered Agent</b> Name MARITZA GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 700 Roshna Lane Suite, Apt. #, Etc. # D City Kissimmee State FL Zip Code 34741		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>5. FEI Number</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input checked="" type="checkbox"/> 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.		
<b>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.</b> Signature of Registered Agent <i>[Signature]</i> Date _____ REGISTERED AGENT MUST SIGN				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
Pres.	MARITZA GONZALEZ	700 Roshna Lane # D	Kissimmee FL 34741	
<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 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.</b>				
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____		