

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 14 PM 1:26

DOCUMENT # P03000054494

1. Corporation Name

Knitting Network Inc.

300166204593
01/14/10--01044--008 **300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

1270 N. Wickham Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite #22

Suite, Apt. #, etc.

City & State

Melbourne

City & State

Florida

Zip

32935

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May/9/2003

5. FEI Number

16-1667034

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steve Caruso

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

486 North Harbor City Boulevard

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

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.

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

Date January 12, 2010

REGISTERED AGENT MUST SIGN

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
President	Miguel Gomez	595 Oxford Ave,	Melbourne, FL 32935
Vice-President	Audrey Stoeckel	595 Oxford Ave	Melbourne, FL 32935

10. E-mail Address: mgs1959@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Miguel Gomez

Jan/12/2010 3217527949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #