

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD300007496

1. Corporation Name

The KNL Group, Inc.

2. Principal Office Address

7680 Universal Blvd

Suite, Apt. #, etc.

Suite 198

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

7680 Universal Blvd

Suite, Apt. #, etc.

Suite 198

City & State

Orlando, FL

Zip

32819

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/03

5. FEI Number

58-2675726

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

Stacy J Lyles

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

7680 Universal Blvd

Suite, Apt. #, Etc.

Suite 198

City

Orlando

State

FL

Zip Code

32819

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

*Stacy J Lyles*

REGISTERED AGENT MUST SIGN

Date 12/4/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | Stacy J. Lyles                       | 7680 Universal Blvd Ste 198                       | Orlando, FL 32819  |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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:

*Stacy J Lyles* Stacy J Lyles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/05 407-398-6626

Date

Daytime Phone #

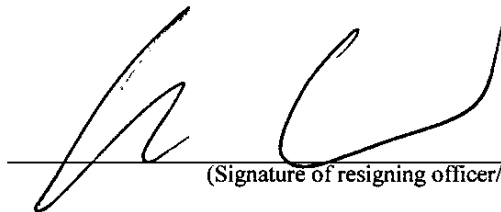
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, William A. Konstand, hereby resign as President  
(Title)

of The KNL Group, Inc.  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)

\_\_\_\_\_

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314