


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 8030000 74916			
1. Corporation Name <i>The KNL Group, Inc.</i>			
2. Principal Office Address - No P.O. Box # <i>7680 Universal Blvd</i>		3. Mailing Office Address <i>PO Box 2540</i>	
Suite, Apt. #, etc. <i>Suite 560</i>		Suite, Apt. #, etc.	
City & State <i>Orlando, Florida</i>		City & State <i>Windermere, Florida</i>	
Zip <i>32819</i>	Country <i>USA</i>	Zip <i>34786</i>	Country <i>USA</i>
7. Name and Address of Current Registered Agent			
Name <i>Stacy J. Lyles</i>			
Street Address (P.O./Box Number is Not Acceptable) <i>7680 Universal Blvd</i>			
Suite, Apt. #, Etc. <i>Suite 560</i>			
City <i>Orlando</i>		State <b>FL</b>	Zip Code <i>32819</i>
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 <i>Stacy J. Lyles</i>		Date <i>2/19/08</i>	
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
<i>P</i>	<i>Stacy J. Lyles</i>	<i>7680 Universal Blvd Ste 560</i>	<i>Orlando FL 32819</i>
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.			
SIGNATURE: <i>Stacy J. Lyles</i>		<i>2/19/08 407 398-6627</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED

08 FEB 21 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08  
CR2E081 (12/07) *PC2/22*

4. Date Incorporated or Qualified To Do Business in Florida *05/28/03*

5. FEI Number *58-2675726*

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ 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.

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