2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000080098 1. Entity Name RAY KNOWLES INDUSTRIAL INC.									• •	[] [] [] [] [] [] [] [] [] []	04
Principal Place 5930 GREY (FT. MYERS, I	FOX RUN	5930	Mailing Address 5930 GREY FOX RUN FT. MYERS, FL 33912				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	face of Busin	3. Maili	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10062005	REIN-P	CR2E098 (6	(04)
City & Stat	e	City (City & State				4. FEI Number 01-079			Applied For Not Applicable	
Zíp	Country		Zip					5. Certificate	of Status Desired	□ \$8.75 Fee Re	Additional quired
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
KNOWLES 5930 GRE FT. MYER	Y FOX RU					Street Address (P.O. Box Number is Not Acceptable)					
							FL Zip Code				
8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, hyper or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										(b), F.S., the rior notice.	
10.		OFFICERS AN	DIRECTOR		11.			ADDITIONS	CHANGES TO OFFI		
TITLE NAME	P. Delets TIIL KNOWLES, RAY E NAM							A	0 4	了Cha	unge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	5930 GRE			RETADORESS 13966 Avon Park Circle Y-ST-ZIP Ft-Myers, F1-33912 LE PEGANOE Addition							
TITLE NAME	V Delote ITIL KNOWLES, PATRICIA S NAM								^ ^ .		inge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	5930 GREY FOX RUN STR. MYERS, FL 33912 CT						13966 Avon Park Circle Ft. Myers, Fl. 33912				
TITLE NAME	ST Delote TITLE KNOWLES, PATRICIA S							/		E Ch	inge 🔲 Addition
STREET ADORESS CITY-ST-ZIP	5930 GREY FOX RUN STF FT. MYERS, FL 33912 CT						13 H.	966 Al Myers	von Park (F1. 339)	Circle	
TITLE NAME				☐ Delete	TITL			•	000604	l u v ⊬	inge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP					STRE	EET ADORESS '-ST-ZIP		10/1(0/0501081	013 r*	150.00
TITLE NAME				Delete	TITL					☐ Cha	inge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP						EET ADORESS '-ST-ZIP					
TITLE NAME				Defete	TITL NAV					☐ Cha	inge 🔲 Addition
STREET ADDRESS CITY-ST-ZIP					STRE	EET ADORESS '-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all others the impowered.											
SIGNATURE: 10 5-05 339-229-706 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR Date Of Day Organic Prome F										9-7067	