

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 18 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000143343

1. Corporation Name

KNIGHT FLOORING, Inc.

2. Principal Office Address

7010 Mauldin Lane

Suite, Apt. #, etc.

N/A

City & State

Jax, FL

Zip

32244

Country

Duval

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

City & State

Same

Zip

Same

Country

Same

REINSTATEMENT 05-1

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 24, 2003

5. FEI Number 55-0852548

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

Phyllis M. Knight

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

7010 Mauldin Lane

Suite, Apt. #, Etc.

N/A

City

Jax

State

FL

Zip Code

32244

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

Phyllis M. Knight

REGISTERED AGENT MUST SIGN

Date Oct. 13, 2005

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
PRES.	William B. Knight	7010 Mauldin Lane	Jax, FL 32244

200060728452
10/18/05--01085--005 **750.00

JR 10/24

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:

William B. Knight William B. Knight

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/05

Date

904-778-1703

Daytime Phone #