

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 17 PM 4:01

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000146706**

1. Corporation Name

**KNOX CHAPEL FINANCIAL
SERVICES, INC.**

800067011578

03/03/06--01022--002 **300.00

2. Principal Office Address

9100 78th PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

9100 78th PLACE

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

Zip

33777

Country

USA

City & State

SEMINOLE, FL

Zip

33777

Country

USA

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

12-03-2003

5. FEI Number

33-1079079

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

DONALD E. Kantner, Sr.

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

1317 TUSCOLA ST.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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

Donald E. Kantner

Date **2-13-06**

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
P	TERRY L. CYPHER	9100 78th PLACE	SEMINOLE, FL 33777

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:

Terry L. Cypher P

2-13-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**727
776-1637**

202

02-13-2006

Department of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

RE: Reinstatement of P030001467706
Knox Chapel Financial Services, Inc.

To Whom It May Concern:

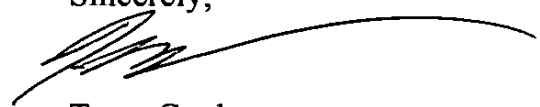
Please be advised that I **never received** the annual report notice for the Corporation mentioned above.

Find enclosed check for 1995 and 1996 filing fees.

Please reinstate the above mentioned corporation.

Thank you for your attention to this matter.

Sincerely,



Terry Cypher

cc: file

Enclosure: checks

9100 78th Place, Seminole, FL 33777
727-776-1637
tlcypher@aol.com