

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 30 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000137865

1. Corporation Name

KNELLER DEVELOPMENT COMPANY, INC.

500173690215
03/30/10--01028--020 **908.75

REINSTATEMENT 05-10

2. Principal Office Address - No P.O. Box #

1112 Riverside Drive

3. Mailing Office Address

Post Office Box 15228

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Daytona Beach, FL

Zip

32117

Country

Volusia

Zip

32115

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida 10/05/2004

5. FEI Number
59-3787127

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

Douglas A. Kneller

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

1112 Riverside Drive

Suite, Apt. #, Etc.

2nd Floor

City

Holly Hill

State

FL

Zip Code

32117

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.

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

REGISTERED AGENT MUST SIGN

Date 3/25/10

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/S/T/D	Douglas A. Kneller	1112 Riverside Drive	Holly Hill, FL 32117

10. E-mail Address: dkneller@daytonadivorce.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/10

Date

386-257-4699

Daytime Phone #