

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mathis</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>		<div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg); position: absolute; top: 0; left: 0;">96-98 AR</div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FILED</b>  <b>98 APR 10 PM 12:00</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">P94000034976</span>					
<b>1. Corporation Name</b> <span style="font-size: 1.2em;">Sovereign Knights, INC.</span>					
<b>Principal Place of Business</b> <span style="font-size: 1.2em;">3499 NW 97th Boulevard Suite 8</span> <span style="font-size: 1.2em;">Gainesville FL 32606</span>			<b>Mailing Address</b> <div style="background-color: black; height: 30px; width: 100%;"></div>		
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>					
<b>2. New Principal Office Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip      Country		<b>3. New Mailing Office Address, If Applicable</b> Suite, Apt. #, etc. City & State Zip      Country		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <span style="font-size: 1.2em;">5-10-94</span>	
				<b>5. FEI Number</b> <span style="font-size: 1.2em;">59-3241478</span>	
				Applied For Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
VP	Dana A King	<del>3499 NW 97th Blvd Suite 8</del> 4226 NW 14 Place	Gainesville FL 32605		
Pres	Kathleen King	4226 NW 14 Place	Gainesville FL 32605		
96-98					
			<b>800002487678--3</b> <b>-04/14/98--01027--004</b> <b>***523.75 ***523.75</b>		
<b>8. Name and Address of Current Registered Agent</b> <span style="font-size: 1.2em;">Kathleen King</span> <span style="font-size: 1.2em;">3499 NW 97th Blvd Suite 8</span> <span style="font-size: 1.2em;">Gainesville FL 32606</span>			<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City      State      Zip Code <div style="text-align: right;"> <b>FL</b> </div>		
<b>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</b> Signature of Registered Agent: <span style="font-size: 1.2em;">Kathleen King</span> Date: <span style="font-size: 1.2em;">4-10-98</span> <div style="text-align: center; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</div>					
<b>11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
<b>12. 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.</b>					
<b>SIGNATURE:</b> <span style="font-size: 1.2em;">Kathleen King</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<span style="font-size: 1.2em;">4-10-98</span> <span style="font-size: 1.2em;">352-332-6139</span> Date      Daytime Phone #		

CR2E040 (1/98)

**Date:** 4/10/98

**To:** Florida Secretary of State, 409 E Gaines Street, Tallahassee, FLorida

**From:** Sovereign Knights, Inc.

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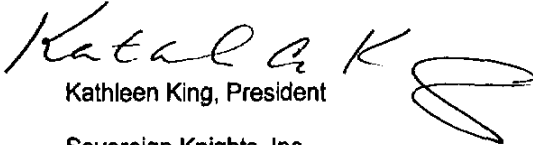
Dear Sir or Madam:

I am applying for reinstatement of my corporation. I never received the 1996 application and it is my understanding that on August 23, 1996 my corporation was terminated.

I moved my office in 1996 and it appears that for some reason the Post Office never forwarded your annual notice.

Thank you for your assistance.

Sincerely,

  
Kathleen King, President

Sovereign Knights, Inc.

K.K.