

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 24 PM 3:09

DOCUMENT # **P95000091140**

1. Corporation Name

KNIGHT FINANCIAL CORP.

Principal Place of Business

Mailing Address

**2808 TARFLOWER WAY
NAPLES FL 33942**

**14100 DARNESTOWN ROAD
DARNSTOWN MD 20874**



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0628322

Applied For

Not Applicable

City & State

City & State

Garthtersburg, MD

Zip

Country

Zip

20878

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HANLEY, C. ROBERT	2808 TARFLOWER WAY	NAPLES FL 33942
V	SUTHERLAND, MICHAEL T	17001 WHITESTORE RD.	BARNESVILLE MD 20838
V	HANLEY, DANIEL	11206 MIDVALE ROAD	KENSINGTON MD 20895
S, V	BEACHAM, LINDA	14100 DARNESTOWN RD.	DARNESTOWN MD 20874
			300003454493--9 -11/07/00-01018-019 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

**HANLEY, C. ROBERT
2808 TARFLOWER WAY
NAPLES FL 33942**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Robert Hanley **REQUIRED**

Date

10-20-00

REGISTERED AGENT MUST SIGN

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 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:

Robert Hanley **REQUIRED**
ROBERT HANLEY

Date

10-20-00 (301) 527-1300

Daytime Phone #