

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 25 AM 11:52

DOCUMENT # P96000044883

1. Corporation Name

KNIGHT'S CERTIFIED ORGANICS, INC.

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

1565 N ED WELLS RD

Suite, Apt. #, etc.

3. Mailing Office Address

1565 N ED WELLS RD

Suite, Apt. #, etc.

City & State

WAUCHULA, FL

Zip

33873

Country

US

City & State

WAUCHULA, FL

Zip

33873

Country

US

REINSTATEMENT

B 1/25/08
06-08

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/20/1996

5. FEI Number
65-0677092

☐ 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

CHARLES C KNIGHT II

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

1565 N ED WELLS RD

Suite, Apt. #, Etc.

City

WAUCHULA

State

FL

Zip Code

33873

☒ 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

Charles C Knight II

REGISTERED AGENT MUST SIGN

Date

1-10-08

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
PD	KNIGHT, CHARLES C. III	1445 N ED WELLS RD	WAUCHULA, FL 33873
STD	KNIGHT, CHARLES C. II	1565 N ED WELLS RD	WAUCHULA, FL 33873
VD	KNIGHT, CHRISTOPHER D.	1440 N ED WELLS RD	WAUCHULA, FL 33873

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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:

Charles C Knight II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-08

Daytime Phone #

(863)
773-4716