

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine H. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000045539

1. Corporation Name

KNICKMANAGEMENT, INC.

Principal Place of Business

1401 CHARLEON DRIVE
OCOE FL 34761

Mailing Address

1401 CHARLEON DRIVE
OCOE FL 34761

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/17/1999

5. FEI Number

59-3575635

Applied For

Not Applicable

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
D	KNICKMAN, ROBERT P	1401 CHARLEON DRIVE	OCOE FL 34761
			800003552778--9 -01/18/01--01005--017 ****150.00 ****150.00
			800003552778--9 -01/18/01--01005--018 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

KNICKMAN, ROBERT P
1401 CHARLEON DRIVE
OCOE FL 34761

FEI # 59-3575635

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

R. P. Knickman

REGISTERED AGENT MUST SIGN

Date

12/11/00

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:

R. P. Knickman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/00

Date

407.963.4714

Daytime Phone #

CR2E040 (800)

FROM THE DESK OF ROBERT KNICKMAN

②

December 11, 2000

Florida Department of State
Katherine Harris / Secretary of State

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Name: **Knickmanagement, Inc.**
Document Number: **P99000045539**

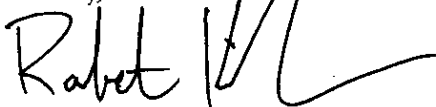
To whom it may concern;

I am sorry for the delay in writing to you regarding the above mentioned document number and corporation. I received a revocation notice from you stating that I needed to return my corporation to an "active" status. Upon contacting your offices, I was informed by one of your representatives that in order to "reactivate" my corporation I would need to pay \$750.00.

Although I understand there are costs associated with keeping a business on file with the State of Florida, I am totally caught off guard by this request as this document is the first and only document I have received from the state about my corporation's "active" or "inactive" status. If I had received any other notices and/or requests, I would have taken action on it, followed procedure and submitted it. Again, to date, I have not received any notices and/or requests from the State regarding my corporation.

As I explained this to the gentleman I spoke with this morning, he suggested I submit a letter stating that this was the first and only time I have received any contact regarding the above mentioned corporation along with a check in the amount of \$150.00 to cover the documentation fees. Enclosed is a check in this amount. I hope you will accept this check in good faith, as I have not received any other notices other than this application for reinstatement. If you should have any questions, please feel free to contact me at the numbers listed below.

Sincerely,



Robert Knickman, President
Knickmanagement, Inc.

enc: check #0342 - \$150.00