

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000051715

1. Corporation Name

KNIGHTS ENTERTAINMENT INC.

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

2717 MAHAN DR.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32308

Country

USA

3. Mailing Office Address

2717 MAHAN DR.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32308

Country

USA

7. Name and Address of Current Registered Agent

Name

NICK TABBAA

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

2717 MAHAN DR.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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 12/18/2009

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
CEO	NICK TABBAA	3308 ADDISON LANE	TALLAHASSEE, FL. 32317

000163789520  
12/21/09--01001--003 \*\*300.00

10. E-mail Address: etatlantis@yahoo.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

12/18/2009

Date

Daytime Phone #

**FILED**

09 DEC 18 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/08/1999

5. FEI Number

52-2167266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

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.