


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10f2

APPLICATION FOR  FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 10000 CORPORATE BOULEVARD

DOCUMENT # P99000057168

1. Corporation Name

KNIGHT PERSONNEL, INC.

Principal Place of Business

3178 BELDEN CIRCLE
 JACKSONVILLE FL 32207

Mailing Address

3178 BELDEN CIRCLE
 JACKSONVILLE FL 32207

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

2. New Principal Office Address, If Applicable

3113 Beach Blvd.

Suite, Apt. #, etc.

City & State

Jax. FL.

Zip 32207

Country

USA

3. New Mailing Office Address, If Applicable

Same as left

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/24/1999

5. FEI Number

59-3582467

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	KNIGHT, LEE	3178 BELDEN CIRCLE Same	JACKSONVILLE FL 32207
D	KNIGHT, VIRGINIA	3178 BELDEN CIRCLE Same	JACKSONVILLE FL 32207

800003448048--5
 -11/01/00--01125--002
 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

KNIGHT, LEE
 3178 BELDEN CIRCLE
 JACKSONVILLE FL 32207

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

 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10/16/2000

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.

KE

SIGNATURE:  President 10/16/2000 904-398-9988
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

20F2

Knight
Personnel

3113 Beach Blvd.
Jacksonville, Fl. 32207

Phone (904) 398-9988
Fax (904) 398-7019
E-mail knightpersonnel@fcsl.com

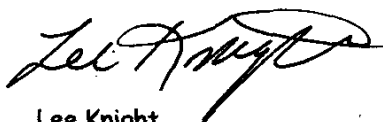
October 16, 2000

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Ms. Harris:

We recently received this notice from a neighbor. We did not receive a notice prior to this. The current address for Knight Personnel is listed above. We would like to have our corporation reinstated with the correct address changed so that further notifications may be received in a timely manner. I have enclosed a check for \$150.00 hoping you will waive the penalty. I would appreciate your cooperation in this matter.

Thanks,



Lee Knight
President