

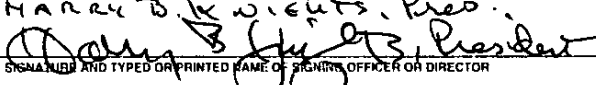


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000101208 1. Entity Name HARRY B. KNIGHTS, INC.						FILED 05 MAY -9 PM 2:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 6363 99TH WAY N 12A 12A SAINT PETERSBURG, FL 33708			Mailing Address 3820 GULF BOULEVARD, #208 ST. PETE BEACH, FL 33706			 REINSTATEMENT 05/18/05 FEE: P. 02E098 (6/04) 01-05			
2. Principal Place of Business Suite, Apt. #, etc City & State Zip		3. Mailing Address 6363 99th way N 12A ST. PETERSBURG, FL		4. FEI Number 59-3604011				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country USA		City & State ST. PETERSBURG, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KNIGHTS, HARRY B III 3820 GULF BOULEVARD, #208 12A ST. PETE BEACH, FL 33706	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>			
FILE NOW!!! FEE IS \$300.00						In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KNIGHTS, HARRY B III 6363 99TH WAY N 12A SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KNIGHTS, CHRISTINE A 6363 99TH WAY N 12A SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000054744810 05/18/05--01055--014 **300.00					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE:		HARRY B. KNIGHTS, Pres. 				4/25/05 <small>Date</small>		727-492-3946 <small>Daytime Phone #</small>	