

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 15 PM 6:09

DOCUMENT # S00912

1. Corporation Name

KNH HARVESTING, INC.

Principal Place of Business

609 EAST MAIN STREET  
P.O. BOX 755  
WAUCHULA FL 33873

Mailing Address

609 EAST MAIN STREET  
P.O. BOX 755  
WAUCHULA FL 33873

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/1990

5. FEI Number

65-0217102

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	BORYSENKO, ANTHONY C.	409 S 6TH AVE	WAUCHULA FL 33873

500004703695--4

-12/04/01--01032--003

\*\*\*\*750.00 \*\*\*\*750.00

B 11/29

8. Name and Address of Current Registered Agent

BORYSENKO, ANTHONY C.  
609 EAST MAIN STREET  
WAUCHULA FL 33873

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 of Registered Agent  
REGISTERED AGENT MUST SIGN

Date

11-13-01

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:

Signature of Signing Officer or Director  
ANTHONY C. BORYSENKO Pres.

Date

11-13-01

Daytime Phone #

CR2040 (8/01)