

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 APR 12 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **265728**

1. Corporation Name

**SKI HOLDING COMPANY,
INCORPORATED**

2. Principal Office Address

32 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

1809 GRANADA BULV.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

Zip

33134

Country

MIAMI-DADE

Zip

33134

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

12. 31. 1962

5. FEI Number

59-0995869

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANNA M. GLUSKI

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

1809 GRANADA BULV.

Suite, Apt. #, Etc.

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-05/02/00--01071--0 2

*****1658.75 ***1658.75**

City

CORAL GABLES

State

FL

Zip Code

33134

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

Anna M. Gluski

REGISTERED AGENT MUST SIGN

Date

April 6, 2000

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
PRESIDENT	JOHN H. GLUSKI	1809 GRANADA BULV.	CORAL GABLES, FL. 33134
SECRETARY	ANNA M. GLUSKI	1809 GRANADA BULV.	CORAL GABLES, FL. 33134

10. 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:

Anna M. Gluski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 6, 2000

Date

305-444-8996

Daytime Phone #

CR2E081 (9/99)