PLEASE READ ALL INSTRU	JCTIONS BEFORE O	OMPLETING THIS FORM
APPLICATION FLORIDA D FOR San SelNSTATEMENT	EPAR MENT OF STATE of a B. Mortham or State on OF CORPORATIONS	7.
DOCUMENT # 586319		FILED
Corporation Name		97 JUN 23 AM II: 54
Skyranch, Inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Malling Address 102 Hishway301+SR62	357-6+h dua 11	111000
Parrish, FL. 34219. B	357-6thAve.W. radenton,FL.	
_	34205	REINSTATEMENT 45-97
If above addresses are incorrect in any way, line through incorrect inform. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address 1	ation and enter correction below. fice Address, If Applicable	Date Incorporated or Qualified
Suite, Apl. #, etc. Suite, Apl. #, etc.	3 706.00.	To Do Business in Florida 9-/3-78 5. FEI Number Applied For
PARRISH, FL. Brace	nton.FL.	59-1950924 Not Applicable
34219 Manatee Zin34209	D MANATEE	CERTIFICATE OF STATUS DESIRED S8.75 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) Name of Officers Street Address of Each Title(s) Officer and/or Director Officer and/or Director Officer and/or Director		
1 2 3	Officer and/or Director (Do NOT Use Post Office Box No	umbers) 4 City / State / Zip
President Detry Himes 102 Highway 301; SR62 PARRISH, FL. 34219		
		0000022226302 -06/25/9701068008 ***1080.00 ***1080.00
		9/10/23/97
8. Name and Address of Current Registered Agent	Name	9. Name and Address of New Registered Agent
H. WAKEFORD	Bett	O. Box Number is Not Acceptable)
243 Glen OAK Rd.	Suite, Ap1. #, Etc.	HWAY 301 & StateRd. 62
VENICE, FL. 34293	PARRIS	H State Zip Code 79
10. I, being appointed the positioned agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Date Date		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No See other side for information on intangible tax.)		
12. 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 AND TYPED OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR (18/97 941-7479292 Daylime Phone #		