

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP -1 AM 10:02

DOCUMENT # F99000000754

1. Corporation Name

*Sky Sites, Inc.*

3 Park Ave, 33rd FL NY, NY 10016

3 Park Ave, 33rd FL NY, NY 10016

2. Principal Office Address

3 Park Ave, 33rd FL NY, NY 10016

3. Mailing Office Address

3 Park Ave, 33rd FL NY, NY 10016

Suite, Apt. #, etc.

33rd Floor

Suite, Apt. #, etc.

33rd FL

City & State

New York, NY

City & State

New York, NY

Zip

10016

Country

USA

Zip

10016

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 2/9/1999

5. FEI Number

777-353709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 00-04

7. Name and Address of Current Registered Agent

Name

National Corporate Research, Ltd.

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

1406 Hays Street

Suite, Apt. #, Etc.

Suite #2

City

Tallahassee

State

FL

Zip Code

32301

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

*Ida Borovoy*  
Ida Borovoy, Asst. Secretary

Date

*8/31/04*

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
Dir.	Jean-Luc Decaux	3 Park Ave. 33rd Fl	New York, NY 10016
Dir.	Bernard Parisot	3 Park Ave. 33rd Fl	New York, NY 10016
Dir.	Laurence Raoult	3 Park Ave. 33rd Fl	New York, NY 10016

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09/01/04 01045-004 \*\*1350.00

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:

*B. Pau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/31/04*

Date

*646-834-1200*

Daytime Phone #