


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

10 APR 13 PM 12:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** LO7 000027397

1. Limited Liability Company's Name  
SKN Enterprises, LLC

**300175478593**  
 04/13/10--01006--016 \*\*441.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>608 Bridge Port Lane</u>		3. Mailing Office Address <u>608 Bridge Port Lane</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Foster City, CA</u>		City & State <u>Foster City, CA</u>	
Zip <u>94404</u>	Country <u>USA</u>	Zip <u>94404</u>	Country <u>USA</u>

4. State/Country of Formation <u>Florida</u>
5. Date Organized or Qualified To Do Business in Florida <u>3/13/2007</u>
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Stephen E. Spira

Street Address (P.O. Box Number is Not Acceptable)  
5205 Babcock St. NE

Suite, Apt. #, Etc.

City  
Palm Bay

State  
FL

Zip Code  
32905

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 3/22/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Steven K. Nelson	<sup>Skel</sup> 608 Bridge Port Lane	Foster City, CA 94404
<b>REINSTATEMENT</b>			
<u>2008-2010</u>			
<b>S. HAWKES</b>			
<b>APR 14 2010</b>			
<b>EXAMINER</b>			

11. E-mail Address: \_\_\_\_\_  
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 3/25/10 Daytime Phone # 650-438-2208

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_