


2009 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P07000131445 1. Entity Name SKAFF TOWER, INC. |  |
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FILED
09 APR -6 PM 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 1543 KINGSLEY AVENUE NO. 5 ORANGE PARK, FL 32073 US | Mailing Address P.O. BOX 1543 ORANGE PARK, FL 32067 US |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 6274 Townsend Rd. Suite, Apt. #, etc. |
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03222009 REINSTATEMENT FOR 2009 (1/07) **08-09**

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| City & State Jacksonville, FL | 4. FEI Number 26-1557642 |
| Zip 32244 | Country U.S. |

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent FLORIDAGENT.COM, INC. 1543 KINGSLEY AVENUE NO. 5 ORANGE PARK, FL 32073 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE GRADY H. WILLIAMS JR VICE PRESIDENT *Grady Williams Jr* V.P. 4/1/2009
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST <input type="checkbox"/> Delete PENBERTHY, SUSAN 206 HILLCREST DRIVE NORTH AUGUSTA, SC 29841 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pearce, Mary 6274 Townsend Rd. JACKSONVILLE, FL. 32244 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400148978194 04/07/09--01032--015 **300.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Penberthy *Susan Penberthy* 4-1-2009
Signature and typed or printed name of signing officer or director Date Daytime Phone #