

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED AND FILED

05 MAR 29 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

209701
SKYWAY REALTY, INC.

1. Corporation Name

209701

2. Principal Office Address

5504 41 AV. EAST

Suite, Apt. #, etc.

City & State

BRADENTON FL

Zip

34208

County

MANATEE

3. Mailing Office Address

5504 41 AV. EAST

Suite, Apt. #, etc.

City & State

BRADENTON FL

Zip

34208

County

MANATEE

REINSTATEMENT

03-05
11128

4. Date Incorporated or Qualified To Do Business in Florida

2/08/58

5. FEI Number

590832827

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee imposed for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM N. CAMPBELL

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

5504 41 AV. EAST

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34208

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of Registered Agent

William N. Campbell

REGISTERED AGENT MUST SIGN

Date

3-23-05

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
P	William N. Campbell	5504 41 AV. EAST	BRADENTON, FL 34208

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04/13/05--0005--018 *** (05/01/00)

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:

William N. Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-05 941 745 1837

Date

Daytime Phone #

CPZEB1 10-05