

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 AUG 28 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 610294

1. Corporation Name

SKYCAPS INTERNATIONAL, INC.

Principal Place of Business

MIAMI INT'L AIRPT C-B. 3 FLR. #3019  
CONCOURSE B 4TH FLOOR  
MIAMI FL 33299-7925  
US

Mailing Address

MIAMI INTERNATIONAL AIRPORT  
PO BOX 997925  
MIAMI FL 33299-7925  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/1979

5. FEI Number

59-1907628

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	WHITE, COLEMAN G. SR.	MIAMI INTL AIRPORT	MIAMI FL
			500003389885--4 -09/12/00--01050--020 ****908.75 ****908.75

REINSTATEMENT 99-00 TS

8. Name and Address of Current Registered Agent

~~MANAS, RICHARD I.  
9100 SOUTH DADELAND BLVD.  
SUITE 1400  
MIAMI FL 33161~~

9. Name and Address of New Registered Agent

Name WHITE, COLEMAN G.  
Street Address (P.O. Box Number is Not Acceptable) 20021 E. OAKMONT DR.  
Suite, Apt. #, Etc.  
City MIAMI State FL Zip Code 33015

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Coleman G. White **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 8/26/00

11. 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.

Coleman G. White **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/21/00 Daytime Phone # 305-829-3070

CR2E40 (8/99)