

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 844897

1. Corporation Name

seven skies company

2. Principal Office Address - No P.O. Box #

1172 S DIXIE HWY

Suite, Apt. #, etc.

360

City & State

CORAL GABLES ,FL

Zip

33146

Country

DADE

3. Mailing Office Address

1172 S DIXIE HWY

Suite, Apt. #, etc.

360

City & State

CORAL GABLES,FL

Zip

33146

Country

DADE

7. Name and Address of Current Registered Agent

Name

AMAL QAHMAT

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

3600 NE 170 TH ST

Suite, Apt. #, Etc

APT # 307 D

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date **1-26-10**

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
PD	Nelly Hirmas De Elsaca	6423 Collins Ave # 1003	Miami Beach, FL 33140
PD	Enrique Elsaca Saud	6423 Collins Ave #1003	Miam Beach, FL 33140
SD	Claudia Elsaca Hirmas	6423 Collins Ave # 1003	Miami Beach, FL 33140

10. E-mail Address: **amalqahmat@yahoo.com**

(To be used for future annual report notification)

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. I further certify 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: **Nelly Hirmas De Elsaca**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-10

Daytime Phone # **305-976-0481**

FILED

10 FEB -2 AM 11:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

700167826857

02/02/10--01040--015 **750.00

CR2F081 (11/09)

REINSTATEMENT 2010

4. Date Incorporated or Qualified To Do Business in Florida

1-07-1980

5. FEI Number

98-0041179

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The 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 reinstatement fee be waived.