

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 856746

1. Corporation Name  
TNT SKYPAK INC.

Principal Place of Business  
990 STEWART AVE  
GARDEN CITY NY 11530

Mailing Address  
990 STEWART AVE  
GARDEN CITY NY 11530

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

06/13/1983

5. FEI Number

13-2906902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
VT	GUNTON, MARK	990 STEWART AVE.	GARDEN CITY NY
<del>VS</del>	<del>DIBENEDETTO, CONSTANCE</del>	<del>990 STEWART AVENUE</del>	<del>GARDEN CITY NY</del>
D	BYE, TIM	CENTERPOINT II, HOOGOORDDREEF 62	1101 BE AMSTERDAM
<del>VO</del>	<del>LAPONTE, MARY</del>	<del>990 STEWART AVE</del>	<del>GARDEN CITY NY</del>
P	SIEGFRIED, DAVID	990 STEWART AVE.	GARDEN CITY NY
VS	LaPonte, Mary Conway	990 Stewart Ave	Garden City, NY

8. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name 800002375768-- 7  
-12/17/97--01110--016  
Street Address (P.O. Box Number is Not Acceptable) \*\*\*758.75 \*\*\*758.75

REINSTATEMENT 97

City

State

Zip Code

FL

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

*Camela A. Simpson*  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
AUTHORIZED REPRESENTATIVE  
REGISTERED AGENT MUST SIGN

Date

12/9/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Mary Conway LaPonte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/97

Daytime Phone #

516-745-9000

FILED

97 DEC 15 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (9/97)