

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F94000004885**

1. Corporation Name

**SKYCAP, INC.**

**REINSTATEMENT 03**



500024213085

10/20/03--01064--013 \*\*758.75

Principal Place of Business

Mailing Address

PO BOX 88029  
MOBILE AL 36608

PO BOX 88029  
MOBILE AL 36608

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/21/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

63-0940171

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CP	RAINES, JEAN O	P.O. BOX 88029 N/A	MOBILE AL
STD	BAGGETT, JAMES C	P.O. BOX 88029 N/A	MOBILE AL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LENSCH, DIAN  
8066 GREENMONT  
TALLAHASSEE FL 32311

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Dian Lensch*  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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.

SIGNATURE:

*Jean O Raines*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03  
Daytime Phone #

CR2ED40 (7/03)