

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

NOV 25 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J15255

1. Corporation Name

SKYLIGHTS OF FLORIDA, INC.

Principal Place of Business

4750 N. DIXIE HWY. #7
OAKLAND PARK FL 33334

Mailing Address

4750 N. DIXIE HWY. #7
OAKLAND PARK FL 33334

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1986

5. FEI Number

59-2672697

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	PALUCCI, ROBERT J	5533 NW 107 AVE	CORAL SPRINGS FL
VD	CIPRIANO, RONALD L	4559 CARAMBOLA CIRCLE S	COCONUT CREEK FL

600002364416--8
-12/05/97-01082-014
***165.00 ***165.00

11/25/97

8. Name and Address of Current Registered Agent

PALUCCI, ROBERT J
5533 NW 107 AVE.
CORAL SPRINGS FL 33076

9. Name and Address of Now Registered Agent

Name

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

Suite, Apt. #, Etc.

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

R. L. CIPRIANO - V.P.
REGISTERED AGENT MUST SIGN

Date

11/24/97

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:

RONALD L. CIPRIANO - V.P.
Signature of Signing Officer or Director

Date

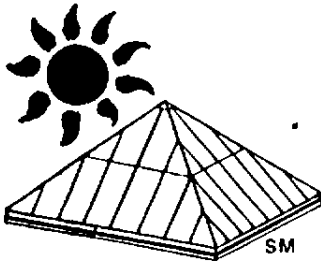
11/24/97

Daytime Phone #

954
771-5170

CR2E040 (8/97)

2



SKYLIGHTS OF FLORIDA, INC.

Residential / Commercial / Industrial — Licensed / Insured

4750 N. DIXIE HIGHWAY • FORT LAUDERDALE, FLORIDA 33334

(954) 771-5170 • FAX (954) 771-0209

NOV. 24, 1997

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

TO WHOM IT CONCERNS:

PLEASE BE ADVISED THAT OUR 1997 ANNUAL CORPORATION REPORT WAS MAILED IN ON APRIL 15, 1997. ENCLOSED YOU WILL FIND A COPY OF THE FILING REPORT AND A COPY OF THE CHECK THAT WAS ISSUED FOR THAT FEE. WE HAVE BEEN A CORPORATION SINCE 1986 AND WE HAVE ALWAYS FILED OUR ANNUAL CORPORATION IN A TIMELY FASHION AND WE HAVE NEVER BEEN DELINQUENT.

WE HAVE ALSO RETURNED THE NOTICE OF REVOCATION WITH A NEW CHECK FOR THE \$ 165.00 FEE. PLEASE RECTIFY THIS AS SOON AS POSSIBLE.

YOUR COOPERATION IS GREATLY APPRECIATED.

SINCERELY

Ronald L. Cipriano - V.P.
SKYLIGHTS OF FLORIDA, INC.

RONALD L. CIPRIANO V.P.

SALES & INSTALLATION SPECIALISTS
STANDARD, CUSTOM & STRUCTURAL SKYLIGHTS
ACRYLICS • LEXAN, TEMPERED, LAMINATED, INSULATED & HEAT MIRROR GLASS
ROOF HATCHES • REPLACEMENT DOMES
REPLACEMENT GLASS • REPLACEMENT SKYLIGHTS



SKYLIGHTS OF FLORIDA, INC.
4750 N. DIXIE HWY., SUITE 7
OAKLAND PARK, FL 33334

5339

65-1197/670

AY
O THE
ORDER OF

Department of State
One - Hundred and Forty-five

April 15 19 *97*

\$ 165.00

XX
100

DOLLARS



AMERICAN NATIONAL BANK
Oakland Park, Florida 33308

FOR 1997 - Bureau Corporation Report
- 2672697) "005339" "067011477:0101203667" 06

James J. Quinn

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

4

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J15255

(9)

1. Corporation Name

SKYLIGHTS OF FLORIDA, INC.



Principal Place of Business

4750 N. DIXIE HWY. #7
OAKLAND PARK FL 33334

Mailing Address

4750 N. DIXIE HWY. #7
OAKLAND PARK FL 33334-3948

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2n. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/15/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2672697

Applied
Not App.

5. Certificate of Status Desired

☐

\$8.75 Additior
Fee Required

6. Election Campaign Financing

☐

\$5.00 May B
Added to Fees

8. This corporation has liability for intangible tax under s. 193.0
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PALUCCI, ROBERT J
5533 NW 107 AVE.
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person or persons authorized to execute this report and the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PALUCCI, ROBERT J
STREET ADDRESS 5533 NW 107 AVE
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE VD
NAME CIPRIANO, RONALD L
STREET ADDRESS 4559 CARAMBOLA CIRCLE S
CITY-ST-ZIP COCONUT CREEK FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☐ Change ☐ A

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ A

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ A

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ A

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ A

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ A

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment will do so.

SIGNATURE:

Ronald L. Cipriano - V.P.
4/15/97 954-771-5170