

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR REINSTATEMENT**

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



**97AR**

APPROVED AND FILED

NOV 25 11 10: 41

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

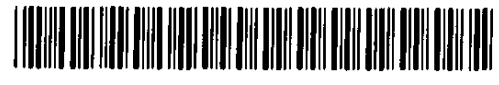
**DOCUMENT # J15255**

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	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	05/15/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	59-2672697
City & State	City & State	Applied For	Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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. J. Palucci*  
 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.)

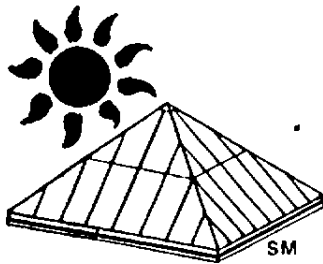
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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. Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/24/97  
 Daytime Phone #: 954 771-5170

CR2E040 (8/97)

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## 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  
D THE  
ORDER OF

*Department of State*

*Five - Hundred and Sixty-five*

*[Signature]*

\$ 165.00

DOLLARS



AMERICAN NATIONAL BANK  
Oakland Park, Florida 33308

FOR DEPOSIT ONLY - *General Corporation Report*

*James J. Quinn*

2472697) 005339 05701197 01012035E 7006



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

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**PROFIT CORPORATION ANNUAL REPORT 1997**



FLOIDA 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**

3. Date Incorporated or Qualified: **05/15/1986**  
3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-2672697**  
5. Certificate of Status Desired:  \$8.75 Additior Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May B Added to Fees  
8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2n. Mailing Address: 26, 27, 28, 29, 30  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country

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  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code **FL**

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: \_\_\_\_\_ (Name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>PALUCCI, ROBERT J</b>	
STREET ADDRESS	<b>5533 NW 107 AVE</b>	
CITY - ST - ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CIPRIANO, RONALD L</b>	
STREET ADDRESS	<b>4559 CARAMBOLA CIRCLE S</b>	
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.*  
*Ronald L. Cipriano - V. Pres. 4/15/97 954-771-5170*