

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC -7 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K44539**

1. Corporation Name
SKIS LANDSCAPING & NURSERY INC.

2. Principal Office Address

218 NORTH DEAN ROAD

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32825

Country

ORANGE

3. Mailing Office Address

218 NORTH DEAN ROAD

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32825

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

11-10-1988

5. FEI Number

59-2917409

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL D. SIKORSKI

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

218 NORTH DEAN ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

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 **Michael D. Sikorski**

REGISTERED AGENT MUST SIGN

Date **11-30-01**

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
PRES	MICHAEL SIKORSKI	218 NORTH DEAN ROAD	ORLANDO, FLORIDA 32825

10. 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:

Michael D. Sikorski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-01

Date

407-275-3754

Daytime Phone #

CR2E081 (9/00)