

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 20 AM 9:19

DOCUMENT # L01000018466

1. Limited Liability Company's Name
SKYLOCATIONS, LLC

2. Principal Office Address
20 ISLAND AVENUE

Suite, Apt. #, etc.
1214

City & State
MIAMI BEACH, FL

Zip
33139

Country

3. Mailing Office Address
20 ISLAND AVENUE

Suite, Apt. #, etc.
1214

City & State
MIAMI BEACH, FL

Zip
33139

Country

100067310781
03/07/06--01021--023 **350.00

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida** 10/25/2001

6. FEI Number 65-1147969

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
ETMEKDJIAN, RUPEN M

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

Suite, Apt. #, Etc.
1214

City
MIAMI

State
FL

Zip Code
33139

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 02/07/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ETMEKDJIAN, RUPEN	20 ISLAND AVENUE	MIAMI, FL 33139
		REINSTATEMENT 02-06	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 2/14/06

Daytime Phone# 305/491-6618

Typed or printed name of signing Managing Member/Manager
RUBEN ETMEKDJIAN

CR2E041 (10/02)