

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM.

APPLICATION FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000021584
Name and Mailing Address

0010638 01 FP 0.352 **PRSR HT 0 0615 34786-811721



SKI TECH, LLC
1621 HEMPLE AVE.
WINDERMERE FL 34786-8117

FILED
2002 NOV 21 AM 10:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1621 HEMPLE AVE. WINDERMERE FL 34786		5. Date Organized or Qualified To Do Business in Florida 12/13/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 43-1982218 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent JORCZAK, MARIE 8108 SW 103 AVE. MIAMI FL 33173		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: UNCAS B. FAVRET Street Address (P.O. Box Number is Not Acceptable): 1621 Hemple Ave City: W.ndermere FL Zip Code: 34786			
10. 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: [Signature] REGISTERED AGENT MUST SIGN Date:			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Ben FAVRET	1621 Hemple Ave	W.ndermere, FL 34786
		100009154531 11/21/02--01098--005 **100.00 7/18/02 90135 026 \$50	
		REINSTATEMENT 2002	

12. 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: [Signature] Date: Daytime Phone # 407 522 1658

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)