

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 OCT 23 PM 2:52

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10/23/03--01010--022 **155.00

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SKYTECH DESIGNS, LLC
2007 CLOVERVIEW WAY
WINTER GARDEN FL 34787-5452



CR2E084 (7/03)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL																									
Principal Place of Business 2007 CLOVERVIEW WAY WINTER GARDEN FL 34787		5. Date Organized or Qualified To Do Business in Florida 09/26/2002																									
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 54-2098824 Applied For Not Applicable																									
8. Name and Address of Current Registered Agent HUGHES, ROBERT 2007 CLOVERVIEW WAY WINTER GARDEN FL 34787		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																									
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 <i>Robert Hughes</i> SIGNATURE REQUIRED Date <u>10/18/03</u> REGISTERED AGENT MUST SIGN																									
		11. Names and Street Addresses of Each Managing Member/Manager																									
		<table border="1"><thead><tr><th>Title(s)</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Mgr.</td><td>Shane Myers</td><td>2007 Cloverview Way</td><td>Winter Garden, FL 34787</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	Mgr.	Shane Myers	2007 Cloverview Way	Winter Garden, FL 34787																
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REINSTATEMENT <u>2003</u>																											

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

Shane Myers **SIGNATURE REQUIRED**

Date 10-18-03 Daytime Phone # 321-662-6649

Typed or printed name of signing Managing Member/Manager