

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000006995

1. Entity Name
SKYQUIN HOLDINGS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:55

Principal Place of Business

900 SCOTIA DR
209
LAKE WORTH, FL 33462 US

Mailing Address

900 SCOTIA DR
209
LAKE WORTH, FL 33462 US

2. Principal Place of Business - No P.O. Box #

409 Live Oak Lane

Suite, Apt. #, etc.

Boynton Beach, FL

City & State

33436

3. Mailing Address

409 Live Oak Lane

Suite, Apt. #, etc.

Boynton Beach, FL

City & State

33436

01272007 REIN-LLC CR2E101 (1/07)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, ELLEN Y
900 SCOTIA DR. #204
LANTANA, FL 33462

7. Name and Address of New Registered Agent

Name

Ellen Stewart

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

409 Live Oak Lane

City

Boynton Beach

FL

Zip Code

33436

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ellen Stewart

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/27/07

DATE

FILE NOW!!! FEE IS \$100.00

* DID NOT RECEIVE STATEMENTS.

✓ Wrong unit address - should have been 304 not 309
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME STEWART, ELLEN Y
STREET ADDRESS 900 SCOTIA DR. #204
CITY-ST-ZIP LANTANA, FL 33462 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Ellen Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/07 (561)629 4514

Date

Daytime Phone #