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LEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

٠C	ED LIAE OMFAN ISTATEN	IY .		Secretar	TTMENT OF STATE by of State corporations		UN 25 PH 2: 10	
DOCUMENT# Loy00055908 1. Limited Liability Company's Name SKY RAIL, LLC						SEC	SECKETURY OF STATE TALLAHASSEE FLORIDA 400180927274 06/05/0801048001 **150.00	

2. Principa	al Office Addn	ess - No P.O. Box #	3. Mailing Of	Office Addre	ss.	-	CR2E041 (12/07)	
	chael Cou		531 Racha			4. State/Coun	ntry of Formation	
Suite, Apt. #	Suite, Apt. #, etc.			Suite, Apt. #, etc.			SA nized or Qualified iness in Florida 7/00/0004	
City & State	,		City & State			6. FEI Numbe	//20/2004	
Oviedo		T	Oviedo			O. FELMUNDS	Pr Applied For Not Applicable	
Zip 32765		Country USA	^{Zip} 32765		Country	7. CERTIFICATE	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
		8. Name and Address	of Current Regist	tered Agen	ıt			
Name Yadon, S	Sharon K	MAR					reinstatement fee is imposed, except	
Street Addr	ress (P.O. Bo	ox Number is Not Acceptab	ole)				in circumstances which the entity did not receive the prior notices. By checking this	
531 Rac Suite, Apt.	#, Etc.	<u>rt</u>				box, yo	ou are certifying the prior notices were	
Glatter, r	#, G.W.						ceived and requesting the \$100 tement be waived.	
City Oviedo 1					State Zip Code FL 32765			
9. I, being	appointed th	a registered agent of the a	boye named limiter	d liability co	ompany, am familiar with ar	nd accept the obligati	ions of Chapter 608, F.S.	
Signature of Registered Agent REGISTERED AG				ENT MUST	Date 05/22/200		Date 05/22/2008	
10. Name	as and Street	Addresses of Managing M	lembers/Managers					
Titles Name of Managing Members/ Managers				Street Address of Each Managing Member/ Manager			City / State / Zip	
	John P. Garcia MGRM			531 Ra	achael Court		Oviedo, FL 32765	
						06/2	00130927274 8/0801039006 **405.00	
	REIN	STATEMENT	2005-	200	58			
		_		1				
	REINSTATEMENT							
filing th	y that I am m				nated, the limited liability cor	ompany name satisfie:	od for in chapter 608, F.S. I further certify that when is the requirements of section 608,406, F.S., and that	
all fees as if m	his reinstateme	limited liability company ha		information	n indicated on this applicati	ion is true and accura	ate, and my signature shall have the same legal effect	
as if m	his reinstateme s owed by the hade under oa	e limited liability company ha ath.		information	,,		Daytime Phone # 407-923-6010	