

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 04000056710

1. Limited Liability Company's Name

SKY DEVELOPMENT Group LLC

2. Principal Office Address - No P.O. Box #

1 FL PARK DR N

Suite, Apt. #, etc.

106

City & State

Palm Coast, FL

Zip

32137

Country

FLA

3. Mailing Office Address

145 CYPRESS POINT PKWY

Suite, Apt. #, etc.

Unit 203

City & State

PALM COAST

Zip

32169

Country

FLA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

7/30/2004

6. FEI Number

43-2057212

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

IGOR KLESHECHIK

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

145 CYPRESS POINT PKWY

Suite, Apt. #, Etc.

Unit 203

City

PALM COAST

State

FL

Zip Code

32169

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 11-16-09

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
P	KLESHECHIK IGOR	145 CYPRESS POINT PKWY Unit 203	PALM COAST, FL 32169
VP	PROKFEV SERGEY	44 Pittlane,	PALM COAST FL 32169

REINSTATEMENT 07-09

OR 11-30-09

11. E-mail Address:

(To be used for future annual report notifications)

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 terminated, 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

IGOR KLESHECHIK

Daytime Phone #

11-16-09

Typed or printed name of signing Managing Member/Manager