

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2024 FEB -8 PM 4:42

DOCUMENT # 2024000030026

1. Limited Liability Company's Name

Skytop LLC

SECRETARY OF STATE  
TALLAHASSEE, FL  
500423881835  
02/13/24--01026--003 • \$345.00

CR2E041 (1/14)

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

7223 SW 55 ST

Suite, Apt. #, etc.

3. Mailing Office Address

7223 SW 55 ST

Suite, Apt. #, etc.

City & State

Bushnell FL

Zip

33413

Country

USA

City & State

Bushnell FL

Zip

33413

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

04/13/2005

6. FEI Number

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

Matthew J. Lee

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

7223 SW 55 ST

Apt. #, Etc.

City

Bushnell

State

FL

Zip Code

33413

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Matthew J. Lee  
REGISTERED AGENT MUST SIGN

Date 2/6/24

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>P</u>	<u>Spencer W. Lee</u>	<u>7223 SW 55 ST</u>	<u>Bushnell FL 33413</u>

FEB 08 2024

11. E-mail Address

(To be used for future annual report notifications)

D CUSHING

I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Matthew J. Lee

Date

2/6/24

Daytime Phone #

732-547-8867

Typed or printed name of signing authorized representative/member

Matthew J. Lee