

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JUN 11 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # LO7000039192

1. Limited Liability Company's Name

SKYONLINE, LLC

000156514250  
05/28/09--01020--022 \*\*143.75

CR2E041 (10/08)

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

19213 Dove Creek Dr

Suite, Apt. #, etc.

3. Mailing Office Address

19213 Dove Creek Dr

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Tampa, FL

Zip

33647

Country

Hillsborough

Zip

33647

Country

Hillsborough

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

4/11/2007

6. FEI Number

20-8906270

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

HAYANIKA FARKAS

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

19213 Dove Creek Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

☒ 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

Hayanika Farkas  
REGISTERED AGENT MUST SIGN

Date 5/21/09

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
<u>MEM</u>	<u>Michael Scott</u>	<u>19213 Dove Creek Dr</u>	<u>Tampa, FL 33647</u>

000156514250  
06/11/09--01056--018 \*\*133.75

REINSTATEMENT 08, 09

11. 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

Michael Scott

Date

5/4/09

Daytime Phone #

813 838 8999

Typed or printed name of signing Managing Member/Manager

Michael S.F. Scott

N. G. G. JUN 12 2009