

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 MAR 26 AM 8:26

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD7000117424

1. Limited Liability Company's Name
Skylake, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 19501 N.E. 10th Avenue		3. Mailing Office Address 19501 N.E. 10th Avenue	
Suite, Apt. #, etc. Suite 306		Suite, Apt. #, etc. Suite 306	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33179	Country USA	Zip 33179	Country USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida 11/21/2007

6. FEI Number 46-1317940 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
Elliot M. Segall

Street Address (P.O. Box Number is Not Acceptable)
19501 N.E. 10th Avenue

Suite, Apt. #, Etc.
Suite 306

City
Miami

State
FL

Zip Code
33179

E-mail Address:
800241590578
11/07/12--01009--004 **402.50
skylakeindpark@aol.com

(To be used for future annual report notices)

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 my Segall

REGISTERED AGENT MUST SIGN

800241590578
03/27/13--01011--002 **277.50
Date

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
MBR	Judy Segall Rev Trust	2135 NE 197 Terrace	North Miami Beach, FL 33179
MGRM	Pat Segall Rev Trust	2135 NE 197th Terrace	North Miami Beach, FL 33179
MGRM	Sidney Greenspan Rev Trust	3200 N. Ocean Blvd., #1110	Ft. Lauderdale, FL 33308
MBR	Marsid Investments Ltd.	19501 NE 197th Terrace, #306	North Miami Beach, FL 33179
MBR	Marilyn B. Greenspan Rev Trust	3200 N. Ocean Blvd., #1110	Ft. Lauderdale, FL 33308

11. I certify that I am managing member/manager or the receiver or trustee appointed 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. 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 Managing Member/Manager my Segall Date 11/2/12 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

REINSTATEMENT
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