PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L15000083899

FILED

2024 APR 29 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FL

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000083899

1. Limited Liability Company's Name
Skye Holdings LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3779 cedar hammock trail	3779 cedar hammock trail
Suite, Apt. #, etc	Suite, Apt. #, etc
saint cloud, florida	saint cloud, florida
34772 / usa	34772 / usa

CR2E041 (1/14)

4. State/Country of Formation
florida usa

5. Date Organized or Qualified To Do Business in Florida 05/12/2015

6. FEI Number
61-1762467
☑ 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
seth kanter

(Address - P.O. Box Number is Not Acceptable) Suite,
3779 cedar hammock trail

City
saint cloud

State
FL

Zip Code
34772

I am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Seth Kanter Date 3-20-2024

REGISTERED AGENT MUST SIGN

Name and Street Addresses of Authorized Representatives/Managers

	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
mngr	Jonathan Kaplan	3779 cedar hammock trail	saint cloud, florida 34772
mngr	Seth Kanter	3779 cedar hammock trail	saint cloud, florida 34772
			MAY-1-6-2024
			D CUSHING

Email Address Superbiker6@aol.com
(To be used for future annual report notifications)

I hereby 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 605.0112, 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 Seth Kanter Date 3-20-2024 Daytime Phone # 201-952-7151

Type or printed name of signing authorized representative/member seth kanter