

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M18773**

1. Corporation Name

Dependable SkyCap Service, Inc.

Principal Place of Business

Mailing Address

**301 Broadway Suite 224
Riviera Bch. FL 33404**

**P.O. Box 078645
W.Palm Bch, Fl. 33407**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

August 1, 1985

5. FEI Number

59-2637822

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 95-97

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	James L. Harris	1646 W. 10th Street	Riviera Bch, FL 33404
S/T	Micheal J. Franks	391 W. 23rd. Street	Riviera Bch, FL 33404
M	William F. Taylor	470 Executive Ctr. Dr. 3E	W. Palm Bch, FL 33401
			800002196698--3 -05/30/97--01103--013 ***1080.00 ***1080.00
			05/28/97

8. Name and Address of Current Registered Agent

**Thomas L. Rolle
528 A Clematis St.
W. Palm Beach, FL 33401**

9. Name and Address of New Registered Agent

Name
Narda E. Butner
Street Address (P.O. Box Number is Not Acceptable)
340 Royal Palm Way
Suite, Apt. #, Etc.
Suite 201
City
Palm Beach State **FL** Zip Code **33480**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Narda E. Butner
REGISTERED AGENT MUST SIGN

Date **5/22/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

William F. Taylor
William F. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 22, 1997

Date

(561) 640-8440

Daytime Phone #

CR2E040 (12/96)