

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

05 SEP 14 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N9900006617

1. Corporation Name  
Project Skate, Inc.

2. Principal Office Address  
1200 Plantation Island  
Drive

3. Mailing Office Address  
same as principal

Suite, Apt. #, etc.  
Suite 140

Suite, Apt. #, etc.

City & State  
St. Augustine, FL

City & State

Zip Country  
32080 U.S.A

Zip Country

**REINSTATEMENT**

03-05

4. Date Incorporated or Qualified  
To Do Business in Florida 11-9-99

5. FEI Number  
59-3630336

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Robert L. McLeod II

Street Address (P.O. Box Number is Not Acceptable)  
1200 Plantation Island Drive South

400059579524  
09/13/05--01050--004 \*\*358.75

Suite, Apt. #, Etc.  
Suite 140

City  
St. Augustine, Florida 32080

State Zip Code  
FL 32080

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Robert L. McLeod II Date 9/9/05  
REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip      |
|--------|-----------------------------------|--|-------------------------|
| P/T    | Philip McDaniel                   | 51 Water Street                                | St. Augustine, FL 32084 |
| VP/S   | Sean Sacco                        | 5 Lakeshore Drive                              | St. Augustine, FL 32080 |
| D      | Damon Douglas                     | 69 Lighthouse Avenue                           | St. Augustine, FL 32080 |
|        |                                   |  |                         |
|        |                                   |  |                         |
|        |                                   |  |                         |
|        |                                   |  |                         |
|        |                                   |  |                         |

K. Ecker SEP 15 2005

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)