

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071205

1. Corporation Name

SEA AND SKY PROPERTIES, INC.
1865 BRICKELL AVENUE, APT. A-2014
MIAMI, FL 33129

2. Principal Office Address

1865 BRICKELL AVENUE

Suite, Apt. #, etc.

APT. A-2014

City & State

MIAMI, FL

Zip

33129

Country

U.S.

3. Mailing Office Address

150 SE 2ND AVENUE

Suite, Apt. #, etc.

SUITE #1200

City & State

MIAMI, FL

Zip

33131

Country

U.S.

REINSTATEMENT

07-04-2

200028733032

02/13/04--01035--021 **308.75

4. Date Incorporated or Qualified

To Do Business in Florida 7/19/01

5. FEI Number

65-1131817

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

BORIS ROSEN

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

150 SE 2ND AVENUE

Suite, Apt. #, Etc.

SUITE #1200

City

MIAMI

State

FL

Zip Code

33131

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

[Handwritten Signature]

Date

2/6/2004

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
D	FERNANDEZ-ESCOBAR, MARIA T.	1865 BRICKELL AVENUE, A-2014	MIAMI, FL 33129

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

MARIA TERESA FERNANDEZ-ESCOBAR
DIRECTOR

Date

2/6/2004

Daytime Phone #

305-374-2001

ROSEN AND COMPANY
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

MEMBERS
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

150 S.E. SECOND AVENUE
AMERICAS CENTER SUITE 1200
MIAMI, FLORIDA 33131
TEL: (305) 374-2001 - FAX: (305) 374-7006
E-mail: ROSENCO32@AOL.COM

February 6, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: SEA AND SKY PROPERTIES, INC.
DOCUMENT #P01000071205

Dear Sir or Madam:

The above-mentioned client was out of the country and never received the annual report. We called the department of corporations and were instructed to send in the reinstatement form along with a check for \$300.00.

Enclosed is the completed reinstatement form along with our firm's check for \$308.75. Please reinstate the corporation and issue a certificate of status.

Thank you for your assistance in this matter.

Sincerely,



Boris Rosen, CPA
Managing Director

BR/el

Enclosure as noted