

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000095105**

1. Corporation Name

SHEILA SKLAR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**3320 ROSINKA COURT
NAPLES FL 34112**

**3320 ROSINKA COURT
NAPLES FL 34112**

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

09/27/2001

5. FEI Number

59-3744579

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
D	SKLAR, SHEILA	3320 ROSINKA COURT	NAPLES FL 34112

8. Name and Address of Current Registered Agent

**SKLAR, SHEILA
3320 ROSINKA COURT
NAPLES FL 34112**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/21/02**

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 / 239-775-0331

C.R.I.

CAPITAL RESOURCES INTERNATIONAL
3320 ROSINKA COURT ~ NAPLES, FLORIDA 34112 ~ USA

Phone 239-775-0331 ~ Fax 239-775-6493

Efax 509-357-0359

Email – capitalresources@mindspring.com
<http://www.capitalresourcesinternational.com>

October 21, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir or Madam:

Enclosed please find Application for Reinstatement and check for \$150.00. I never received the first required report and was not aware of this process as we are newly incorporated. This is the first notice we received.

I called your office and was advised to follow this process and the reinstatement would be forthcoming.

Thank you for your courtesy.

Sincerely,



Sheila Sklar
President