

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 30 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105368

1. Corporation Name

SKY BUSINESS CORP.

2. Principal Office Address

18061 BISCAYNE BLVD

Suite, Apt. #, etc.

1403

City & State

AVENTURA, FLORIDA

Zip

Country

33160

3. Mailing Office Address

18061 BISCAYNE BLVD

Suite, Apt. #, etc.

1403

City & State

AVENTURA, FLORIDA

Zip

Country

33160

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/31/2001

5. FEI Number

65-1149542

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

02-03 Rui

7. Name and Address of Current Registered Agent

Name

NAKA, RICARDO S

500013692355

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

18061 BISCAYNE BLVD

03/07/03--01049--005 **900.00

Suite, Apt. #, Etc.

1403

City

AVENTURA,

State
FL

Zip Code
33160

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

Ricardo S. NAKA

REGISTERED AGENT MUST SIGN

Date 02/24/2003

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/D	NAKA, RICARDO	18061 BISCAYNE BLVD # 1403	AVENTURA, FL. 33160
S/D	DE-NAKA, SUSANA DAVID	18061 BISCAYNE BLVD # 1403	AVENTURA, FL. 33160

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

Ricardo NAKA, PRES.

2/24/2003

Date

305-466-3837

Daytime Phone #