


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB 14 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000112222**
1. Corporation Name
Skywalker Transport Inc.

000023963490
02/21/06--01012--011 **650.00
REINSTATEMENT 03-06
10/21/03 CR2E081 (12/05) 01031 022 \$550.00

2. Principal Office Address: **P.O. 550612**
3. Mailing Office Address: **P.O. 550612**
W06-5763

Suite, Apt. #, etc.

City & State: **Jacksonville, FL**

Zip: **32255** Country: **United States**

4. Date Incorporated or Qualified To Do Business in Florida: **11/20/2001**

5. FEI Number: **59-3758629**

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

7. Name and Address of Current Registered Agent

Name: **Mark Sutton** *000023963490*

Street Address (P.O. Box Number is Not Acceptable): **7733 Burnt Oak Trail**

Suite, Apt. #, Etc.

City: **Jacksonville** State: **FL** Zip Code: **32256**

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: *Mark Sutton* Date: **2-1-2006**

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
PD	Mark Sutton	7733 Burnt Oak Trail	Jacksonville, FL 32256
VPD	Donna Sutton	7733-Burnt-Oak Trail	Jacksonville, FL 32256

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 contained in Chapter 119, 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: *Mark Sutton* **Mark Sutton** *2-1-2006* **2-1-2006** *904-996-9007* **904-996-9007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #