


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 FEB 14 AM 11:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> PO10000112222 <b>1. Corporation Name</b> Skywalker Transport Inc. W06-5763					
<b>2. Principal Office Address</b> P.O. 550612 Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P.O. 550612 Suite, Apt. #, etc.		<b>REINSTATEMENT</b> 03-06 000023963490 02/21/06--01012--011 **650.00 CR2E081 (12/05) 10/21/03 01031 022 \$550.00	
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> Jacksonville, FL			
<b>Zip</b> 32255	<b>Country</b> United States	<b>Zip</b> 32255	<b>Country</b> United States		
				<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/20/2001	
				<b>5. F.I. Number</b> 59-3758629 <b>Applied For</b> Not Applicable	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>					
<b>Name</b> Mark Sutton 000023963490					
<b>Office Address (P.O. Box Number is Not Acceptable)</b> 7733 Burnt Oak Trail					
<b>Suite, Apt. #, Etc.</b>					
<b>City</b> Jacksonville				<b>State</b> FL	<b>Zip Code</b> 32256
<b>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.</b>					
<b>Signature of Registered Agent</b> Mark Sutton				<b>Date</b> 2-1-2006	
REGISTERED AGENT MUST SIGN					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>		<b>City / State / Zip</b>	
PD	Mark Sutton	7733 Burnt Oak Trail		Jacksonville, FL 32256	
VPD	Donna Sutton	7733-Burnt-Oak Trail		Jacksonville, FL 32256	
		fR2/17			
<b>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.</b>					
<b>SIGNATURE:</b> Mark Sutton		<b>Mark Sutton</b>		<b>2-1-2006</b>	<b>904-996-9007</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #