

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 24 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000047437

1. Corporation Name

SKLO MANAGEMENT GROUP, INC.

2. Principal Office Address

2521 S.E. 19TH PLACE

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33904

Country

US

3. Mailing Office Address

2521 S.E. 19TH PLACE

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33904

Country

US

REINSTATEMENT

800024057048

10/24/03--01002--024 **150.00

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

5. FEI Number

74-3047001

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

MICHAEL J. SKLORENKO

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

2521 S.E. 19TH PLACE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

REGISTERED AGENT MUST SIGN

Date

10/21/03

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 | MICHAEL J. SKLORENKO | 2521 S.E. 19TH PLACE | |
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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

Date

Daytime Phone #

CR2E081 (10/02)

**STENZEL
& COMPANY**

Tax Consultants, Representatives and Accountants

Telephone: (239) 936 - 9253 Facsimile: (239) 278 - 0431
Electronic Mailing: KSTENZEL@AOL.COM
www.Stenzelco.com

Professional Member:
National Association of Enrolled Agents
National Society of Tax Professionals
National Society of Accountants
Florida Society of Accounting & Tax Professionals
Florida Society of E.A.'s

Member:
The Better Business Bureau

Associate Member:
American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Affiliate Member:
Florida Association of Realtors®
Realtor® Association of Greater Fort Myers
Bonita Springs Board of Realtors®
Marco Island Area Association of Realtors®
Sanibel and Captiva Islands Association of Realtors®,
Cape Coral Association of Realtors®

Affiliate Individual Member
Naples Area Board of Realtors® and
Association of Real Estate Professionals

October 20, 2003

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


Re: Sklo Management, Inc.
Document No. P02000047437.

TO WHOM IT MAY CONCERN:

Pursuant to our phone with your office of October 16, 2003, wherein we informed your office that our client did not receive the booklet for the UBR-Forms to file on time and were you have agreed to waive penalty, enclosed, please find the corporation reinstatement form along with the filing fee. Please reinstate SKLO MANAGEMENT GROUP, INC, at the possible time.

Should you have any questions, please do not hesitate to contact us.

Sincerely,



Kenneth G. Stenzel, E.A., A.T.A., A.T.P.
Admitted To Practice Before The IRS
KGS/cms

Encl.
pc: Client File.