

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000056906

1. Corporation Name

SKY CARGO MARKETING, INC.

Principal Place of Business

1365 S.W. 9TH STREET  
BOCA RATON FL 33486

Mailing Address

1365 S.W. 9TH STREET  
BOCA RATON FL 33486

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

05/22/2002

5. FEI Number

030449545

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	O'CONNOR, PAUL	1365 S.W. 9TH STREET	BOCA RATON FL 33486
D	O'CONNOR, VENUS	1365 S.W. 9TH STREET	BOCA RATON FL 33486

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'CONNOR, PAUL  
1365 S.W. 9TH STREET  
BOCA RATON FL 33486

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

REGISTERED AGENT MUST SIGN

Date 10-19-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-19-03 (305) 599-1054

CR2E040 (7/03)

OCTOBER 19, 2003

DEAR SIRs,

I AM WRITING THIS LETTER TO  
LET YOU KNOW THAT I NEVER  
RECEIVED ANY NOTICE ABOUT  
THIS DISSOLVING CORPORATION.

PLEASE FIND ENCLOSED AMOUNT  
OF 150.00.

REGARDS

Paul A

Paul A. Stone

SKY CARDS MARKETING, INC.