PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300024256243
10/29/03--01065--023 **750.00

DOCUMENT # P02000073260

1. Corporation Name
MCGUINESS'S SKY FOX, INC.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
3537 GALT OCEAN DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City, State FT LAUDERDALE, FL	City & State
Zip 33308 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 07/03/2002

5. FEI Number 05-0522352 ☐ 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: MARTIN BARRETT

Street Address (P.O. Box Number is Not Acceptable): 3537 GALT OCEAN DRIVE

Suite, Apt. #, Etc.:

City: FT LAUDERDALE, FL 33308 State: FL Zip Code:

8. 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: Martin Barrett
REGISTERED AGENT MUST SIGN

Date: 10-14-03

CR2E081 (10/02)

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
PRES DIRECT	MARTIN BARRETT	3537 GALT OCEAN DR	FT LAUDERDALE, FL 33308

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: Martin Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03
Date

Daytime Phone #

Charter Number Only

10/15/03

Joel Marcus
Requestor's Name
6076 W. Prospect Rd.
Address
Ft. Lauderdale, FL 33309
City State ZIP Phone
(954) 566-8513A

VALIDATION ONLY

CORPORATION(S) NAME

McGuiness's SLY FOX, Inc.
#P02000073250

RECEIVED
03 OCT 16 AM 10:08
DIVISION OF CORPORATION

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028