

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 24 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 07



100024058671

10/24/03--01007--008 \*\*150.00

DOCUMENT # **P02000105154**

1. Corporation Name

**AA SKUBIC, INC.**

Principal Place of Business

1920 VIRGINIA AVE., #101  
FORT MYERS FL 33901

Mailing Address

1920 VIRGINIA AVE., #101  
FORT MYERS FL 33901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/30/2002

5. FEI Number

51-0430186

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
PD	SKUBIC, HOLLY	1920 VIRGINIA AVE., #101	FORT MYERS FL 33901

8. Name and Address of Current Registered Agent

SKUBIC, HOLLY MARIE  
1920 VIRGINIA AVE., #101  
FORT MYERS FL 33901

9. Name and Address of New Registered Agent

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

*Holly Skubic*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

*Holly Skubic*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03

CR2E040 (7/03)



Florida

# Charles Abels Massie, CPA\*, PA

\* Licensed in

Certified Valuation Analyst  
12065 Metro Parkway, Suite 101, Fort Myers, FL 33912  
Phone (239) 768-2171 / Fax (239) 768-6074  
[www.cpamassie.com](http://www.cpamassie.com)

October 16, 2003

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Re: AA Skubic, Inc.  
FEI#: 51-0430186  
Subject: Late filing of annual report

AA Skubic, Inc. is filing this report late because they never received the original report documentation due to the fact that the addressed occupant did not receive the mail. The above noted client utilizes the services of a paid tax preparer, and that C. P. A. noted that he did not receive any prior mailing on behalf of the client. The client is requesting an abatement of the \$600.00 penalty for late filing and reinstatement of the corporation due to these unusual and singular circumstances.

Enclosed please find a check in the amount of the originally required \$150.00. Thank you in advance for your consideration.

Sincerely,

Charles Abels Massie, CPA

CAM/ldy

cc: AA Skubic, Inc.

Enclosure