

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

03 OCT 24 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P02000123504

**1. Corporation Name**

SKY KING FIREWORKS OF COCOA BEACH, INC.

**2. Principal Office Address**

103 Cleveland Avenue

Suite, Apt. #, etc.

**3. Mailing Office Address**

7350 South U.S. Highway One

Suite, Apt. #, etc.

**City & State**

Cocoa Beach, FL

**City & State**

Port St. Lucie, FL

**Zip**

32931

**Country**

USA

**Zip**

34952

**Country**

USA

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

11/15/02

**5. FEI Number**

48-1293450

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2003**  
300024091983  
10/24/03--01060--032 \*\*750.00

**7. Name and Address of Current Registered Agent**

**Name**

Rickey L. Farrell, Attorney at Law, P.A.

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

1595 SE Port St. Lucie Boulevard

**Suite, Apt. #, Etc.**

**City**

Port St. Lucie

**State**

FL

**Zip Code**

34952

**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** 10-22-03

**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
D	William G. Micco	7350 South U.S. Highway One	Port St. Lucie, FL 34952
D	Ronald Carabbia	7350 South U.S. Highway One	Port St. Lucie, FL 34952
D	Anthony Mastrangelo	7705 Crimson Trail	Boardman, OH 44512

**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

10-22-03 772-340-0300

Date

Daytime Phone #

CR2ED01 (10/02)