

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000001476

1. Entity Name
SKAS INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 14 PM 4:12

Principal Place of Business
7321 EMBASSY BLVD.
MIRAMAR, FL 33023 US

Mailing Address
7321 EMBASSY BLVD.
MIRAMAR, FL 33023 US

REINSTATEMENT 05-06



2. Principal Place of Business

12471 88th Place N.

Suite, Apt. #, etc.

3. Mailing Address

12471 88th Pl. N

Suite, Apt. #, etc.

03072006 REIN-P CR2E098 (11/05)

City & State

West Palm Beach FL

City & State

West Palm Beach FL

4. FEI Number

20-0524365

Applied For

Not Applicable

Zip

Country

Palm Beach

Zip

Country

Palm Beach

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HORIE, JANET A
20240 NE 3RD COURT
UNIT 5
NORTH MIAMI BEACH, FL 33179

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Janet A. Horie

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SCOTT, SHELDON
STREET ADDRESS 7321 EMBASSY BLVD.
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400069053804
CITY-ST-ZIP 03/30/06--01045--016 **308.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheldon Scott

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-06