

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 FEB 24 AM 11:35

OFFICE OF STATE  
ALLAHASSEE, FLORIDA

**REINSTATEMENT**

000170456000  
02/24/10--01037--022 \*\*750.00

CR2E081 (11/09)

DOCUMENT # 004000031681

1. Corporation Name

**SKY'S UNLIMITED CONSULTING INC**

2. Principal Office Address - No P.O. Box #

**7798 NW 17 PLACE**

Suite, Apt. #, etc.

3. Mailing Office Address

**10846 CHARLESTON PLACE**

Suite, Apt. #, etc.

City & State

**PEMBROKE PINES, FL**

City & State

**COOPER CITY, FL**

Zip

**33024**

Country

**USA**

Zip

**33026**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**2004**

5. FEI Number

**20-0739054**

☐ 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

**JEFF KLEIN**

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

**7798 NW 17 PLACE**

Suite, Apt. #, Etc.

City

**PEMBROKE PINES**

State

**FL**

Zip Code

**33024**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date **02/23/2010**

REGISTERED AGENT MUST SIGN

**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
P	JEFF KLEIN	10846 CHARLESTON PL	COOPER CITY FL 33026
VP	AVIVA KLEIN	10846 CHARLESTON PL	COOPER CITY FL 33026
			<b>M. MILLIGAN EXAMINER</b>
			<b>FEB 25 2010</b>

10. E-mail Address: **bglezama@bellsouth.net**

(To be used for future annual report notification)

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. I further certify 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:

*Jeffrey Klein - President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/23/2010 305-588-6780**

Date

Daytime Phone #