

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000155993

1. Entity Name
S K K A OF FLORIDA, INC.



Principal Place of Business
5231 N.W. 79TH AVE.
MIAMI, FL 33155

Mailing Address
5231 N.W. 79TH AVE.
MIAMI, FL 33155

2. Principal Place of Business
1104 CYPRESS GARDENS BL
Suite, Apt. #, etc.
UNIT B

3. Mailing Address
1104 CYPRESS GARDENS BL
Suite, Apt. #, etc.
UNIT B

City & State
WINTER HAVEN FL
Zip
33884
Country
USA

City & State
WINTER HAVEN FL
Zip
33884
Country
USA



05082006

REIN-P

CR2E098

(11/05)

05-066

4. FEI Number
05-0612718

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUERIS, JUAN G
8520 S.W. 42ND TERR
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name
QUERIS, JUAN G
Street Address (P.O. Box Number is Not Acceptable)
1104 CYPRESS GARDENS BL
UNIT B
City
WINTER HAVEN FL
Zip Code
33884

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/06

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TOVAR, RAFAEL
6420 NW 114TH AVE. #1325
DORAL, FL 33178
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OVERIS, JUAN
6420 NW 114TH AVE. #1325
DORAL, FL 33178
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
QUERIS, JUAN
1104 CYPRESS GARDENS BL
WINTER HAVEN FL 33884
☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/8/06