

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 AUG 20 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P05000097279

**1. Corporation Name**

SKY HOLDINGS GROUP, INC.

**2. Principal Office Address**

12020 N.W. 12th Street

**3. Mailing Office Address**

12020 N.W. 12th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Plantation FL

**City & State**

Plantation FL

**Zip**

33323

**Country**

USA

**Zip**

33323

**Country**

USA

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

7-11-2005

**5. FEI Number**

20-3149291

**Applied For**

**Not Applicable**

**6.**

**CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

06-07

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

**Name**

UCC Filing & Search Services, Inc.

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

1574 Village Square Blvd Ste 100

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

**City**

Tallahassee

**State**

FL

**Zip Code**

32309

**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**

Alison Hand, ASST. SEC  
Col 220

REGISTERED AGENT MUST SIGN

**Date** 8/17/07

**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
pres	John Johansen	12020 N.W. 12th Street	Plantation FL 33323

REINSTATEMENT

B 8/20/07  
06-07

**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

**Date**

8/15/07

**Daytime Phone #**

CR2001 (9/00)

Page 2 of 2

RECEIVED

# SKY HOLDINGS GROUP, INC.

12020 N.W. 12<sup>th</sup> Street  
Plantation FL 33323

07 AUG 20 AM 11:07

OFFICE OF THE CLERK  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

August 17, 2007

Florida Department of State  
Tallahassee, Florida

Attn. Corporations Division

Re: Corporate Reinstatement

Ladies and Gentlemen:

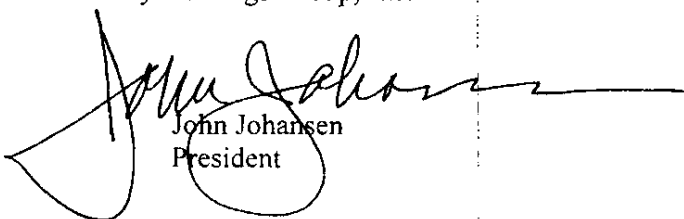
Please be advised that we wish to reinstate our corporation. I certify that we did not receive prior notice because we relocated our offices.

Kindly abate any penalties that might be assessed against us and reinstate at your earliest convenience.

Thank you for your courtesy in this matter.

Very truly yours,

Sky Holdings Group, Inc.



John Johansen  
President