

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000111663

1. Entity Name
SHARON V. SKELLY PA



FILED

09 JAN 20 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1334 PATRICK PLACE
THE VILLAGES, FL 32162

Mailing Address
1334 PATRICK PLACE
THE VILLAGES, FL 32162



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11182008 REIN-P CR2E098 (1/07)

4. FEI Number
20-2916551

Applied For
Not Applicable

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

SKELLY, SHARON V
1334 PATRICK PLACE
THE VILLAGES, FL 32162

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$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 PD ☐ Delete
NAME SKELLY, SHARON V
STREET ADDRESS 1334 PATRICK PL
CITY-ST-ZIP THE VILLAGES, FL 32162

TITLE ☐ Change ☐ Addition
NAME 200141487932
STREET ADDRESS 01/20/09--01053--003 **300.00
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SKELLY, JACK L
STREET ADDRESS 1334 PATRICK PL
CITY-ST-ZIP THE VILLAGES, FL 32162

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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: X

Sharon Skelly

1/11/09 352-750-4670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #