

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000131542

1. Entity Name  
SKYBOUND PROPERTIES, INC.



FILED

07 APR 13 PM 1:16

OFFICE OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 06-07

04092007

4. FEI Number 20-3535626 Applied For Not Applicable

Principal Place of Business		Mailing Address	
2. Principal Place of Business - No P.O. Box # 15911 NORTHLAKE VILLAGE DR		3. Mailing Address 15911 NORTHLAKE VILLAGE DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ODESSA, FL		City & State ODESSA, FL	
Zip 33556	Country US	Zip 33556	Country US

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name ANGELA MILLAR	
		Street Address (P.O. Box Number is Not Acceptable)	
		15911 NORTHLAKE VILLAGE DR	
		City ODESSA, FL	Zip Code 33556

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 *Angela Millar* ANGELA MILLAR 4-9-2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ANGELA 415 E GALVEZ LANE ST AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANGELA MILLAR 15911 NORTHLAKE VILLAGE DR ODESSA FL 33556-2627 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>4/24/13</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>400098045724</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>04/24/07--01004--008 ***300.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Angela Millar* ANGELA MILLAR 4-9-2007 813 731 5889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DATE: 4-09-2007

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

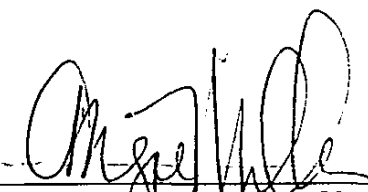
FROM: SKYBOUND PROPERTIES, INC.  
ANGELA MILLAR

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 813 731 5889.

THANKS,

  
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SKYBOUND PROPERTIES, INC.  
ANGELA MILLAR