

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000124195

**FILED**  
**Oct 12, 2007**  
**Secretary of State**

**Entity Name:** SKYLINE MORTGAGE & ASSOCIATES, INC.

**Current Principal Place of Business:**

1224 JACKPINE STREET  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

9100 BELVEDERE RD  
SUITE A106  
ROYAL PALM BEACH, FL 33411 US

**Current Mailing Address:**

1224 JACKPINE STREET  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 61-1510565      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAINT JEAN, WISMICK  
1224 JACK PINE STREET  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** WISMICK SAINT JEAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P/D ( ) Delete  
**Name:** SAINT JEAN, WISMICK  
**Address:** 1224 JACK PINE ST.  
**City-St-Zip:** WELLINGTON, FL 33414 US

**Title:** VP/S ( ) Delete  
**Name:** SAINT JEAN, MARIE ARLETTE  
**Address:** 1224 JACK PINE ST.  
**City-St-Zip:** WELLINGTON, FL 33414 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WISMICK SAINT JEAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P/D

10/12/2007

\_\_\_\_\_  
Date