

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000085494

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Entity Name:** SKYLINE NATIONAL TRANSPORTATION, INC.

**Current Principal Place of Business:**

9911 WEST ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 387  
OSPREY, FL 34229

**New Mailing Address:**

**FEI Number:** 27-3716411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GONZALEZ, FABIO  
9911 WEST ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071 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: FABIO GONZALEZ

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GONZALEZ, FABIO  
Address: 9911 WEST ATLANTIC BLVD.  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD  
Name: GONZALEZ, MARIA R MRS  
Address: PO BOX 116  
City-St-Zip: OSPREY, FL 34229

I hereby 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 all other like empowered.

SIGNATURE: FABIO GONZALEZ

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

PD

10/04/2011

\_\_\_\_\_  
Date