

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13000037220

1. Corporation Name

SK INDUSTRIES INC.

2. Principal Office Address - No P.O. Box #

4099 NORTH 28TH WAY

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

3. Mailing Office Address

4099 NORTH 28TH WAY

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/2013

5. FEI Number

46-2629758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
ACTIVE

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KELLEY, STEVEN S

REINSTATEMENT

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

600 NE 2ND STREET

Suite, Apt. #, Etc.

UNIT 213

City

DANIA BEACH

State

FL

Zip Code

33004

P13000037220
100288431661
07/27/16--01030--002 **1085.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of

Registered Agent

same as below

Date

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|-----------------------|
| P | KELLEY, STEVEN S | 600 NE 2ND STREET, UNIT 213 | DANIA BEACH, FL 33004 |
| S | ANDERSON, MONIQUE | 7000 20TH STREET, LOT 875 | VERO BEACH, FL 32966 |
| | | | |
| | | | |
| | | | SEP 16 2015 |
| | | | C. CARROTHERS |

10. E-mail Address: Parrots360@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/2014 954-303-1376
Date Daytime Phone #