

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 29 PM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000008214

**1. Corporation Name**

810 SKAGWAY, INC.

6412 QUEEN WAY DR.

P.O. BOX 16712

**2. Principal Office Address**

6412 QUEEN WAY DR.

**3. Mailing Office Address**

P.O. BOX 16712

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEMPLE TERRACE

City & State

TEMPLE TERRACE

Zip  
FL

Country  
33617

Zip  
FL

Country  
33687

**REINSTATEMENT 98-04**

11/03/04 01058 013 \$1650.00

**4. Date Incorporated or Qualified  
To Do Business in Florida 02-02-1993**

**5. FEI Number**

59-3161655

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

ROSLYN SCOTLAND

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

6412 QUEENWAY DRIVE

Suite, Apt. #, Etc.

City

TEMPLE TERRACE

State  
FL

Zip Code  
33617

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

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
D	ROLAND ROBERTS	6412 QUEENWAY DRIVE	TEMPLE TERRACE, FL. 33617
D	ROSLYN SCOTLAND	6412 QUEENWAY DRIVE	TEMPLE TERRACE, FL. 33617
D	FREESTON ROBERTS	6412 QUEENWAY DRIVE	TEMPLE TERRACE, FL. 33617

**10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

*Roslyn Scotland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/04 899-0922

Daytime Phone #

CR2E081 (01/04)