

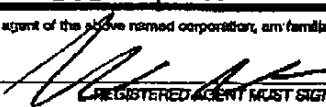
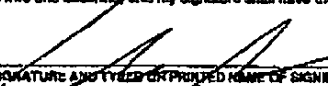
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000041320					
1. Corporation Name Skyline Holding Corp.					
2. Principal Office Address 3095 N. Course Drive Suite, Apt. #, etc. Unit 508 City & State Pompano Beach, FL Zip 33069			3. Mailing Office Address c/o Getlan Associates Suite, Apt. #, etc. 1 Ames Court City & State Plainview, NY Zip 11803		
Country USA			Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 5/25/95					
5. FEI Number 11-3269601			Applied For Not Applicable		
6. CERTIFICATE OF STATUS DESIRED ☒ SS 75. Additional fee required for a Certificate of Status.					
7. Name and Address of Current Registered Agent					
Name Marvin Getlan					
Street Address (P.O. Box Number is Not Acceptable) 3095 N. Course Drive 7233 Ayrshire Road					
Suite, Apt. #, Etc. Unit 508					
City Pompano Beach Boca Raton					
State FL		Zip Code 33069 33496			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.					
Signature of Registered Agent  Date 3/10/05 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres	Marvin Getlan	7233 Ayrshire Rd		Boca Raton, FL 33496	
VP/Secy	Steven Getlan	1 Ames Ct, Suite 201		Plainview, NY 11803	
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(5)(b), 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:  Date 3/11/05 516 349 8080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations 0380
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

ATTN: SUSAN

CORPORATION REINSTATEMENT

SKYLINE HOLDING CORP.

Certificate of Status	1
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