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FILED
05 MAR 17 PM 2:37
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	3. Mailing Office Address
3095 N. Course Drive	c/o Getlan Associates
Suite, Apt. #, etc. Unit 508	Suite, Apt. #, etc. 1 Ames Court
City & State Pompano Beach, Fl	City & State Plainview, NY
Zip 33069 Country USA	Zip 11803 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 ☒ $5.00 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: _____ (REGISTERED AGENT MUST SIGN) Date: 3/10/05

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/Sec	Steven Getlan	1 Ames Ct, Suite 201	Plainview, NY 11803

STATEMENT 96-05

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)(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: _____ 3/11/05 516 349 8020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E031 (01/04)

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

SKYLINE HOLDING CORP.

Certificate of Status	1
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