

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 17, 2002 8:00 A.M.]
Secretary of State

DOCUMENT # **P95000049808**

1. Corporation Name

Sky Systems of South Florida, INC.

2. Principal Office Address

2300 Krape Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

Country

Zip

Country

34120

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

6-23-95

5. FEI Number

65-0593174

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

Teri Goldade - THERESA L. DUTTON GOLDADE

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

2300 Krape Rd

Suite, Apt. #, Etc.

City

Naples, FL

State
FL

Zip Code

34120

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

Theresa L. Goldade

REGISTERED AGENT MUST SIGN

Date **6-13-2002**

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	Theresa Goldade	2300 Krape Rd.	Naples, FL 34120
			R750 Temp ID

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:

Theresa L. Goldade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 13, 2002

Date

Daytime Phone #

Brigid D. Soldavini CPA, P.A.

5455 Jaeger Road
Naples, FL 34109
OFFICE • 941-591-4747 • FAX 941-591-2991

Florida Department of State
Division of Corporations

RE: Sky Systems Of South Florida, Inc.
Document # P95000049808

Dear Sirs:

This letter is on behalf of Sky Systems of South Florida, Inc.

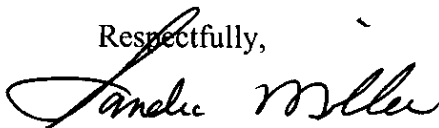
The owner of this company was recently made aware that the filing status of the corporation was inactive since 1998 due to the failure of filing the Annual Business Report. It appears that the UBR forms were mailed to an old address and were not being forwarded to the new business address. Since the business owners were uninformed of the requirement of filing the form, they did not know to question the fact that they were not receiving them.

We have enclosed a reinstatement form along with a check for \$750.00 for the annual fees for the years 1998 thru 2002.

Please accept our request to abate the penalty for late filing due to this oversight and reinstate the corporation.

Thank you in advance for you co-operation concerning this matter.

Respectfully,



Sandra Miller
Brigid D Soildavini CPA, P.A.