

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000094010

1. Corporation Name

SKBC, INC.

Principal Place of Business

Mailing Address

**407 Lincoln Road
Suite 704
Miami Beach, FL. 33139**

**407 Lincoln Road
Suite 704
Miami Beach, FL. 33139**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

97 JAN 30 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

96+97

msb

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

December 12, 1995

5. FEI Number

Applied For

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Jonathan D. Beloff	407 Lincoln Road, Suite 704	Miami Beach, FL 33139
D/VP	Lyle Stern	407 Lincoln Road, Suite 704	Miami Beach, FL 33139
D/S	Bruce Koniver	407 Lincoln Road, Suite 704	Miami Beach, FL 33139
D/T	Norman Ciment	407 Lincoln Road, Suite 704	Miami Beach, FL 33139
			800002076418--1
			02/04/97 01011-002
			****915.00 ****915.00

8. Name and Address of Current Registered Agent

**Jonathan D. Beloff
407 Lincoln Road, Suite 704
Miami Beach, FL 33139**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jonathan D. Beloff

REGISTERED AGENT MUST SIGN

Date **1-28-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Jonathan D. Beloff, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

Date

305-789-2745

Daytime Phone #

CR2040 (12/95)