

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 MAY -1 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000103512

1. Corporation Name

SKICO, INC.

2. Principal Office Address

50 NE 41 Ave.

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34470

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 09-00

4. Date Incorporated or Qualified  
To Do Business in Florida

12-20-96

5. FEI Number

59-0153962

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

Barbara J. Hayman

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

50 NE 41 Ave.

Suite, Apt. #, Etc.

City

Ocala FL

State

FL

Zip Code

34470

800003247458-9

05/11/00 01009-012

\*\*\*\*900.00 \*\*\*\*900.00

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

Barbara J. Hayman

REGISTERED AGENT MUST SIGN

Date 4-26-00

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
OPS	Barbara J. Hayman	50 NE 41 Ave.	Ocala FL 34470

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:

Barbara J. Hayman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00  
Date

352-629-7110  
Daytime Phone #

CR2E081 (9/99)