PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE
12 JUL 10 AM 8:03

SECRETARY OF STATE TALLAHASSEE
12 JUL 10 AM

COPY

REINSTATEMENT 09-12

CR2E081 (11/10)

DOCUMENT # P96000103512

1. Corporation Name
SKICC, INC.

2. Principal Office Address - No P.O. Box #: 5625 NE 20th Ct.
3. Mailing Office Address: 5625 NE 20th Ct.

Suite, Apt. #, etc.:
Suite, Apt. #, etc.:

City & State: Ocala FL
City & State: Ocala FL

Zip: 34479 Country: USA
Zip: 34479 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-[illegible]
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

800235799908
06/01/12--01028--004 **750.00

000237298410
07/10/12--01019--023 **450.00

7. Name and Address of Current Registered Agent

Name: [illegible] Hausman
Street Address (P.O. Box Number is Not Acceptable): [illegible] Drive #403
Suite, Apt. #, Etc.:
City: Pensacola
State: FL Zip Code: 32561

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: [signature]
REGISTERED AGENT MUST SIGN
Date: 5/24/12

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	[illegible] Hausman	5625 NE 20th Ct.	Ocala FL 34479

JUL 10 2012
D. BUTLER

10. E-mail Address: [illegible]@aol.com
(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 5/24/12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #