

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

**DOCUMENT # P97000047755**

1. Corporation Name  
**SKYLINE BUSINESS, INC.**

Principal Place of Business Mailing Address

1828 SALERNO CIRCLE DR.  
 WESTON FL 33327

C/O MOREJON  
 1919 N.E. 45TH STREET, #118  
 FT. LAUDERDALE FL 33308

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

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.

City & State

Zip Country

**FILED**  
 01 AUG 23 PM 3:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



5/15/00 90152/041 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida  
 05/27/1997

5. FEI Number

APPLIED FOR

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ARAPE, RAFAEL A	1828 SALERNO CIRCLE DR.	WESTON FL 33327

800004573048--0  
 -09/06/01--01089--006  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

MEZA, BEATRIZ E  
 701 GARDENS DR.  
 APT. #205  
 POMPANO BEACH FL 33069

Beatriz Arape  
 1691 CORAL TERR.  
 N. LAUDERDALE  
 FL 33068

9. Name and Address of New Registered Agent

Name: Beatriz Arape  
 Street Address (P.O. Box Number is Not Acceptable): 1691 Coral Terrace  
 Suite, Apt. #, Etc.: N. Lauderdale, FL  
 City: N. Lauderdale, FL  
 State: FL Zip Code: 33068

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: [Signature]  
 REGISTERED AGENT MUST SIGN

Date: 08/21/01

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., 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:** [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/21/01 954 9774800  
 Date Daytime Phone #

CR2E040 (8/00)