

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 21 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000031422**

1. Corporation Name

Sky's The Limit Property Management, Inc.

REINSTATEMENT 02

7000008486747--5

-10/21/02--01089--004

******750.00 ****750.00**

2. Principal Office Address

7546 Ridgfield Lane

3. Mailing Office Address

P.O. Box 31214

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

City & State

West Palm Beach, Florida

Zip

33467

Country

Zip

33416

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1998

5. FEI Number

650893510

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

Lanamasha Mixon-Hampton

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

7546 Ridgfield Lane

Suite, Apt. #, Etc.

City

Lake Worth, Florida 33467

State
FL

Zip Code

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 **10/18/02**

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
D, P	Lanamasha Mixon-Hampton	7546 Ridgfield Lane	Lake Worth, Florida 33467

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:

[Signature]

Lanamasha Mixon-Hampton 10/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

- Daytime Phone #

CR2E081 (9/01)

10/28/02

LAW OFFICES OF
WEITZ & SCHWARTZ, P.A.
COMMERCIAL POINT, SUITE 31
3601 W. COMMERCIAL BLVD.
FORT LAUDERDALE, FLORIDA 33309

JEFFREY L. WEITZ
ERIC R. SCHWARTZ

TELEPHONE (954) 484-3544
FAX (954) 735-9594

October 18, 2002

FEDERAL EXPRESS
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Corporation Name: SKY'S THE LIMIT PROPERTY MANAGEMENT, INC.
FEI Number: 650893510
Corporate Reinstatement

Dear Sirs:

Enclosed please find my trust account check payable to the Department of State in the amount of \$750.00 representing the fee to reinstate the above referenced corporation. I also enclose a completed Corporation Reinstatement form.

If you have any questions with regard to the enclosed, please do not hesitate to contact me.

Very Truly Yours,

WEITZ & SCHWARTZ, P.A.



Eric R. Schwartz

ERS/ml
Enclosure