## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P98000063764

**APPLICATION** 

**FOR** 

REINSTATEMENT

DOCUMENT #

1. Corporation Name		01 056 17	AN 8:59
SKYMAR ENTERPRISES, INC.		_	
· ·		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address		THEEATHOSEE, FLORIDA	
			ORIGO RICH CORIO DIGIT ALBO ARDI
P O BOX 422405 KISSIMMEE TL-34742-2405 KISSIMMEE TL-34742-2405			
US US	242		31103 IRIII JOELE BIJII 9784 IOOI
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable  700 W VINE ST. SUITE 101 700 W VINE ST SUITE 101		Date Incorporated or Qualified     To Do Business in Florida	
Suite, Apt. #, etc. Suite, Apt. #, etc.		0//1//1880	
KISSIMMEE PL KISSIM	imee FL	5. FEI Number	Applied For
City & State 3 4 7 4 1 US 3 4 7 4	1 118.	59-3522054	Not Applicable
Zip Country Zip	Country		.75 Additional Fee required
			for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Flor	·		
Title(s) Name of Officers Street Address of Ea and/or Directors 3 Officer and/or Directors			state / Zip
, , , , , , , , , , , , , , , , , , , ,		4	
P LERNER, BENJAMIN S 700 W VINE ST STE 101		KISSIMMEE FL 34741	
	DEPOTATION (V)		
			<del>1 **</del>
		· · · · · · · · · · · · · · · · · · ·	
		000004340	
	· · · · · · · · · · · · · · · · · · ·	000004746 -01/02/020	6503-1
	****750.00 *****750.00		
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Name		F	
LERNER, BÊNJAMIN S		P.O. Box Number is Not Acceptable)	
700 W VINE ST		Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
KISSIMMEE FL 34741	City	City State Zip Code	
City		FL	- / Zip Code
10. I, being appointed the registered agent of the above named corpor	ation, am familiar with and accept the ob-	oligations of Section 607.0505, F.S.	
Signature of REQUIRED Date 12/10/01			
REGISTERED AGENT MUST SIGN			
11. I certify that I am an officer or director or the receiver or trustee em	powered to execute this application as p	royided for in chapter 607 or 617. F.S. I furthe	r 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.			
· · · · · · · · · · · · · · · · · · ·	-		MIN
SIGNATURE: SIGNATURE REQUIRED 12/10/01 407-935-1137			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			