


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

01 JAN 26 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 999000008213

1. Corporation Name
SKY MARK SECURITY FLORIDA, INC.

2. Principal Office Address
2308 Winter Woods Blvd.
Suite, Apt. #, etc.
City & State
Winter Park, FL
Zip
32792
Country
U.S.A.

3. Mailing Office Address
2308 Winter Woods Blvd.
Suite, Apt. #, etc.
City & State
Winter Park, FL
Zip
32792
Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida 01/25/99

5. FEI Number
Applied For
☒ Not Applicable

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

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name
DIANNE BROWN

Street Address (P.O. Box Number is Not Acceptable)
2308 Winter Woods Blvd.
Suite, Apt. #, Etc.

City
Winter Park

State
FL

Zip Code
32792

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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 Dianne Brown

REGISTERED AGENT MUST SIGN
DIANNE BROWN

Date 01/25/01

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
President	WALTER De LIMA	2308 Winter Woods Blvd.	Winter Park, FL 32792
V. President	WALTER DeLIMA	2308 Winter Woods Blvd.	Winter Park, FL 32792
Secretary	WALTER DeLIMA	2308 Winter Woods Blvd.	Winter Park, FL 32792
Treasurer	WALTER DeLIMA	2308 Winter Woods Blvd.	Winter Park, FL 32792

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: Robert W. Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/01 (407) 678-3911

Date Daytime Phone #

CRZED01 (9/00)