

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 18 PM 4:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000033197**

1. Corporation Name

A & L SKIDMORE INNERPRIZE, INC.

Principal Place of Business

Mailing Address

3906 EMERALD COAST HWY 98W #2
SANTA ROSA BCH FL 32459

P.O. BOX 2291
SANTA ROSA BEACH FL 32459



REINSTATEMENT 03-04

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3572294

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PT	SKIDMORE, EARNEST L	223 GATOR LN	SANTA ROSA BEACH FL 32459

700024053667
02/02/04--01092--029 **400.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SKIDMORE, EARNEST L
223 GATOR LANE
SANTA ROSA BEACH FL 32459

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

SKIDMORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04

Date

850 267 0500

Daytime Phone #

CR2E040 (7/03)

MAP YOUR ACCOUNTING SERVICES, INC
240 BUCK ROAD SANTA ROSA BEACH, FL., 32459
850-267-3693 MAP-ACCOUNTING@MCHSL.COM

1/14/04

TO: Florida Dept. of State
Division of Corporations
FROM: Michele A. Platt
SUBJECT: A & L Skidmore Innerprize, Inc.
P990000033197

Please find enclosed a disbursement for \$400.00 for the reinstatement of the above referenced corporation for its year 2003. The enclosed response to our initial request, enclosed indicates that the fee is waived if client has not received the second notice. We have been unable to find that second notice.

Regretfully, we also did not respond to the letter within 60 days. The owner, Mr. Lee Skidmore was tending to his gravely ill father in Ohio during November-December timeframe. His father died in December. If proof of this is needed, please indicate so and we will provide documentation. Many business matters were NOT tended to during that period of which this was one.

We are respectfully requesting that the corporation be reinstated, and if the late fee penalty can be waived, the owner would appreciate the consideration. Your immediate response to this will be appreciated.

Thank you,



Michele A. Platt
Accountant

Enclosed: Letter #703A00058620
Initial Request Letter

