

2009 PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 10 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000035282

1. Corporation Name

SKY Property Maintenance And Investment Company

400149463764

04/10/09--01035--008 **150.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

1410 NW 70th

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box # 4705206

Suite, Apt. #, etc.

City & State

Miami FLA

City & State

Miami FLA

Zip

33147

Country

Miami Dade

Zip

33127

Country

Miami Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0911311

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

Orangen R DEAN JR

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

1410 NW 70th

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Orangen R DEAN JR

REGISTERED AGENT MUST SIGN

Date April 8-2009

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
P	ORANGEN R DEAN JR	1410 NW 70th	Miami, FL 33147
RS	ARCHIE P DEAN	657 Red Fox Pl	FARIBURN GA 30213

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 contained in Chapter 119, 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:

Orangen R DEAN JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8-2009

Date

Daytime Phone #

24/13