

PLEASE READ ALL INSTRUCTIONS BEFORE COMF

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91323 001 \*\*\*150.00

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P.99.000061495

1. Corporation Name

THE SKY LIMIT GROUP INC

2. Principal Office Address

13422 SW 128TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33186

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

7-9-99

5. FEI Number

65-0943181

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

Mauricio G. Sanchez

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

16326 SW 103 Street

Suite, Apt. #, Etc.

City

Miami

State  
**FL**

Zip Code

33196

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

Date

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Mauricio G. Sanchez</u>	<u>16326 SW 103 ST</u>	<u>Miami, FL 33196</u>
<u>VP</u>	<u>Lourdes L. Zorrilla</u>	<u>16326 SW 103 ST</u>	<u>Miami FL 33196</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02  
Date

Daytime Phone #

CR2E081 (9/99)