

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
TAMMIE HARRIS  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC -4 AM 2:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000075509

1. Corporation Name

SKYLINK TRAVEL, INC.

Principal Place of Business

Mailing Address

2303 PONCE DELEON BLVD.  
CORAL GABLES FL 33134

2303 PONCE DELEON BLVD.  
CORAL GABLES FL 33134

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

08/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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
D	BABRA, SURJIT	2303 PONCE DELEON BLVD.	CORAL GABLES FL 33134

600003500346--0  
-12/13/00--01100--012  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

- BABRA, SURJIT  
2303 PONCE DELEON BLVD.  
CORAL GABLES FL 33134

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.

Signature of  
Registered Agent

Date 10.20.2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: SOHAILA KHAN

10.20.2000 305.569.1679

CR2E040 (800)

# SkyLink

The Airline Ticket Center

2303 Ponce de Leon Blvd., Coral Gables, FL 33134  
Reservations: 305-569-1679 - Fax: 305-569-2594  
e-mail: skylinkmia@msn.com



20fZ

P99-75509

Florida Department Of State  
Division of Corporation  
Annual Report/Reinstatement Section  
P.O.BOX 6327  
Tallahassee FL 32314

Dated 20<sup>th</sup> November 2000

Dear Sir/Madam,

Reference to your document # P99000075509, I herewith enclose the fee of U.S \$150.00 (U.S Dollar One hundred and Fifty only) and kindly request you to reinstate our corporation SKYLINK TRAVEL INC.

We regret that we could not meet the deadline for the annual report reason being  
A/ we were not notified that such a report had to be filed  
B/ our operation only started in mid September and no real business activity started until early 2000.

Rest assured that we should be filing our corporation's annual report for the year 2000 in early 2001.

In advance, thank you for your favorable consideration and confirmation.

Sincerely,

Sohail Khan  
Manager