


# 2006 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000075509		
1. Entity Name SKYLINK TRAVEL, INC.		

FILED  
06 OCT 23 AM 11: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2303 PONCE DE LEON BLVD CORAL GABLES, FL 33134	Mailing Address 2303 PONCE DE LEON BLVD CORAL GABLES, FL 33134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10112006 REIN-P CR2E098 (11/05) 06

City & State	City & State	4. FEI Number 65-0944257	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SEHMI, DALJIT 2303 PONCE DELEON BLVD. CORAL GABLES, FL 33134	

7. Name and Address of New Registered Agent	
Name	KHAN, SOHAIL
Street Address (P.O. Box Number is Not Acceptable)	2303 PONCE DELEON BLVD
City	CORAL GABLES FL Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Rob AKLO DATE 11 OCT 2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEHMI, DALJIT	NAME	
STREET ADDRESS	2303 PONCE DELEON BLVD.	STREET ADDRESS	700081124467
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	10/23/06--01062--014 **158.75
TITLE	GM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGOLIMO, FERNANDO	NAME	
STREET ADDRESS	2303 PONCE DELEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	SM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, SOHAIL	NAME	
STREET ADDRESS	2303 PONCE DELEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	AM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, RAJESM	NAME	
STREET ADDRESS	2303 PONCE DELEON BLVD	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rob AKLO DATE 11 OCT 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR