

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

03 DEC -5 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S60989**

1. Corporation Name

SKINNER GROUP SARASOTA INCORPORATED

Principal Place of Business

743 RICHMOND STREET
LONDON, ONTARIO CA N6A3H2

Mailing Address

743 RICHMOND STREET
LONDON, ONTARIO CA N6A3H2

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

000025257016
12/05/03--01043--021 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1991

5. FEI Number

98-0117859

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	SKINNER, PAUL	763 CLEARVIEW CIRCLE	LONDON, ONTARIO CA

8. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G
C/O WILLIAMS PARKER, ET AL
1550 RINGLING BLVD
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

HUGH C. FERRELL (ATTORNEY)

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

4924 HIDDEN OAKS TRAIL

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34232

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

1941/11/03
REGISTERED AGENT MUST SIGN

Date

12-01-03

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

PAUL M. SKINNER
PRESIDENT
Nov. 26 2003 6799200

Date

Daytime Phone #

CR2E040 (7/03)