PLEASE READ	ALL INSTRUCTIONS	S BEFORE C	OMPLETING TH	HIS FORMPROVED	
APPLICATION	FLORIDA DEPARTME Sandra B. Mo			AND FILED	
FOR REINSTATEMENT	Secretary of	State		, ,	
**************************************	DIVISION OF CORPO	DRATIONS		97 NOV 10 AM 8: 28	
DOCUMENT # S63284 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
SKYLYTE VENTU	IRES, INC.			(VIII)	
,	, 				
Principal Place of Business 1234 DUNAS AVE.	Mailing Address SAME AS b	DUCINESC			
OPA LOCKA, FL. 3305	• • •	W 0771203			
			REMSTAT	EWENT 96-97	
New Principal Office Address, If Applicable 3. New Mailing Office Address			Date Incorporated or Q To Do Business in Flor	Qualified ************************************	
Suite, Apt. #, etc.	Apt. #, etc. Suite, Apt. #, etc.		5. FEI Number	ida 6-26-91	
City & State	City & State		65-0369	672 Not Applicable	
Zip Country	Zip Count	try	CERTIFICATE OF STATUS	S DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and Name of Officers		rations must list at lea			
Title(s) and/or Directors) o	Officer and/or Director Use Post Office Box N	j	City / State / Zip	
DF MARSHALL	1234	DUNALI	AUE. OPA	LOCKA, FL33054	
		8000023 4 671; 			
] .		*	***923.75 ****923.75	
		··········			
				PKIMIS	
8. Name and Address of Current Registered Agent Name			9. Name and Address of	New Registered Agent	
PATRICIA J. MAR	Street Address (P.O. Box Number is Not Acceptable)				
1234 Dunad A	1E、 30 E U	Suite, Apt. #, Etc.			
Opa Locka, FL 3	5057	City State Zip Code			
10. I, being appointed the registered agent of the abo		vith and accept the ob	ligations of Section 607.050	FL 5, F.S.	
Signature of Registered Agent Patricia G. P. RE	CARSHALL EGISTERED AGENT MUST SIGN		Date _	11-6-97	
 Does this corporation pay a Dept. of Revenue under S. 	iny intangible tax to th 199.032, Florida Stat	ne utes.Yes 🏿	No 🗆	(See other side for information on intangible tax.)	
12. I certify that I am an officer or director or the receist this reinstatement application, the reason for dissolved by the corporation have been paid and the ron this application is true and accurate, and my sign.	plution has been eliminaled, the corpi names of individuals listed on this for	orate name satisfies t m do not qualify for a	he requirements of section 6 n exemption under section 1	307 0401 or 617 0401 E.C. Hook all foco	
SIGNATURE: PATRICIA	J. MARSHA	LL	11-6-57	(305) 688 - 6255	