

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V17541**

1. Corporation Name

SKAKEL DOUGLAS CORP.

Principal Place of Business

11595 GULF BLVD
TREASURE ISLAND FL 33706
US

Mailing Address

11595 GULF BLVD
TREASURE ISLAND FL 33707
US

If above addresses are incorrect in any way, list through incorrect information and enter correct below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	City / State / Zip
D	SKAKEL, IAN	11595 GULF BLVD	TREASURE ISLAND FL
P	John Hartley	11595 Gulf Blvd	Treasure Island FL
			300002847883--9 -04/22/99--01089--010 ****750.00 ****750.00
			300002847883--9 -04/22/99--01089--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

SCOURTAS, LOUIS C
617 CLEVELAND ST., SUITE 22
CLEARWATER FL 34615

9. Name and Address of New Registered Agent

Name: John Hartley
Street Address (P.O. Box Number is Not Acceptable): 530 Wilcox Dr
Suite, Apt. #, Etc.:
City: Madeira Beach FL Zip Code: 33708

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

[Signature]
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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

4-13-99 222-363-1620
Date Filed

99 APR 14 PM 7:59



REINSTATEMENT

02/28/1992

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3113575

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2E040 (9/98)