

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 29 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000022660

1. Corporation Name

Blue Skies Enterprises of
Central Florida, Inc.

200006845792--6
-08/01/02--01013--029
****900.00 ****900.00

2. Principal Office Address

2138 Palm Vista Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City / State

Apopka, FL

City & State

Zip

Country

32712

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

3/6/2000

5. FEI Number

59-3666885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Cheri Pascarella

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

2138 Palm Vista Dr.

Suite, Apt. #, Etc.

City

Apopka

State
FL

Zip Code

32712

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Cheri Pascarella

Date

7/16/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Cheri Pascarella	2138 Palm Vista Dr.	Apopka, FL 32712
D	Nancy Hardee	3659 W. Ponkan Rd	Apopka FL 32712

10. 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:

Cheri Pascarella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/10/02

Daytime Phone #

407-884-5423

CR2E081 (8/01)

7/20/02