

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G84403**

1. Corporation Name

BLUE SKY MANAGEMENT OF TAMPA, INC.

Principal Place of Business

5808 NORTH FLORIDA AVENUE
TAMPA FL 33604

Mailing Address

5808 NORTH FLORIDA AVENUE
TAMPA FL 33604

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2375570

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	MOORE, HOWARD P.	5808 N FLORIDA AVE	TAMPA FL
D	MOORE, JAMES J.	5808 N FLORIDA AVE	TAMPA FL

000008630430
10/28/02--01104--024 **150.00

8. Name and Address of Current Registered Agent

MOORE, HOWARD P.
5808 NORTH FLORIDA AVENUE
TAMPA FL 33604

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-25-2002

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-2002

CR2E040 (8/02)

**BLUE SKY
MANAGEMENT
COMPANY OF TAMPA, INC.**

October 25, 2002

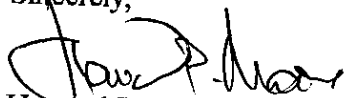
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sirs:

Enclosed find the Application for Reinstatement for Blue Sky Management of Tampa, Inc., together with a filing fee of \$150.00 dollars. Please know that the prior two Uniform Business Reports were not received.

Thank you for your cooperation. Please contact me if there are any further problems.

Sincerely,



Howard P. Moore, President