PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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DOCUMENT # L43415

1. Corporation Name

UNLIMITED BLUE SKY, INC.

W99000003336

Principal Place of Business

215 N. FEDERAL HIGHWAY
BOCA RATON, FLORIDA 33432

Mailing Address

2. New Principal Office Address if Applicable

Suite, Apt #, etc.

City & State

Zip | Country

3. New Mailing Address if Applicable

Suite, Apt #, etc.

City & State

Zip | Country

4. Date of Incorporation or Qualification: January 20, 1990

5. FEI Number: 59-2995572 | 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

Title(s)	Name of Officer and/or Director	Street Address of Each Officer and/or Director (DO NOT Use Post Office Box Numbers)	City, State, Zip
D/P	JAMES H. BATMASIAN	215 N. Federal Highway	Boca Raton, FL 33432

05/04/99 01057 007
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

MANNETTE E. GAMMON
215 N. Federal Highway
Boca Raton, FL 33432

9. Name and Address of New Registered Agent

Name: James H. Batmasian
Street Address: 215 N. Federal Highway
City: Boca Raton, FL 33432
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.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date 3/10/99

11. This corporation owes 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] 3/10/99 (561) 392-4920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James H. Batmasian