

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011310

FILED
Feb 28, 2007
Secretary of State

Entity Name: SAME SKY INTERNATIONAL, INC.

Current Principal Place of Business:

5379 GEIGER CEMETERY RD
ZEPHRYHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

5379 GEIGER CEMETERY RD
ZEPHRYHILLS, FL 33541

New Mailing Address:

FEI Number: 14-1942715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERKINS, FRED
5379 GEIGER CEMETERY RD
ZEPHRYHILLS, FL 33541 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRED PERKINS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PERKINS, FRED
Address: 5379 GEIGER CEMETERY RD
City-St-Zip: ZEPHRYHILLS, FL 33541

Title: P () Delete
Name: PERKINSON, LUTHER N
Address: 79 1ST AVE EXT
City-St-Zip: BENTON, WI 53803

Title: S () Delete
Name: MOCK, BRAD
Address: 123 FLORIDA AVE
City-St-Zip: MASCOTTE, FL 34153

Title: T () Delete
Name: LAFOSSE, LENNY
Address: 17220 SWEETWATER RD
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED PERKINS

C

02/28/2007

Electronic Signature of Signing Officer or Director

Date