




FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *DS-07*
CR2E081 (1/07)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P00000010365</div><div style="text-align: right;">FILED 2007 SEP 25 PM 3:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div></div>			
1. Corporation Name BIG SKY INDUSTRIES I, INC.			
2. Principal Office Address - No P.O. Box # 7557 W. SAND LAKE RD.		3. Mailing Office Address 7557 W. SAND LAKE RD.	
Suite, Apt. #, etc. SUITE 153		Suite, Apt. #, etc. SUITE 153	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32819	Country USA	Zip 32819	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 1/31/00			
5. FEI Number 59-3646899			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<div style="display: flex;"><div style="flex: 1;">7. Name and Address of Current Registered Agent Name DAVID M. BOVI Street Address (P.O. Box Number is Not Acceptable) 319 CLEMATIS STREET Suite, Apt. #, Etc. SUITE 700 City WEST PALM BEACH State FL Zip Code 33401</div><div style="flex: 1; padding-left: 10px;"><input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.</div></div>			
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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent </div><div>Date 7/3/07</div></div> <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>			
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
PRES.	RAMON T. CHIMELIS	7557 W. SAND LAKE RD., STE 153	ORLANDO, FLORIDA 32819
<div style="text-align: right; font-family: monospace;">400107581474 10/02/07--01040--001 **50.00 400107581474 08/10/07--01039--009 **400.00 400107581474 08/10/07--01039--010 **9.75</div>			
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 contained in Chapter 119, 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:  / RAMON CHIMELIS		7/3/07	407-538-5902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

9/27
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