

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 DEC 30 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000010375

1. Corporation Name

BIG SKY INDUSTRIES III INC.

800139362188
12/30/08--01039--027 **5300.00

REINSTATEMENT 05-08

| | | | |
|------------------------------------------------------------------------|----------------|------------------------------------------------------|----------------|
| 2. Principal Office Address - No P.O. Box # 7557 West Sandlake Road | | 3. Mailing Office Address 7557 West Sandlake Road | |
| Suite, Apt. #, etc 153 | | Suite, Apt. #, etc 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 1/31/2000 | |
| 5. FEI Number 593646901 | Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | | |
|---------------------------------------------------------------------------|-------------|-------------------|--|
| 7. Name and Address of Current Registered Agent | | | |
| Name David M. Bovi, P.A. | | | |
| Street Address (P.O. Box Number is Not Acceptable) 319 Clematis Street | | | |
| Suite, Apt. #, Etc 700 | | | |
| City West Palm Beach | State FL | Zip Code 33401 | |

☒ 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.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 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 | Date 12/18/2008 |
| 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 |
| DPTS | Ramon Chimelis | 7557 West Sandlake Road | Orlando, Florida 32819 |
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| 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 | 12/18/2008 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |
| | | | 407-538-5902 |