

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


08 DEC 30 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300139362213
12/30/08--01039--027 **5300.00

REINSTATEMENT 05-08

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000010379

1. Corporation Name
BIG SKY INDUSTRIES V. INC.

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 593647188 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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

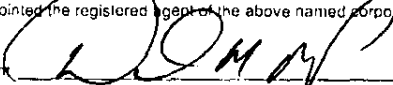
City
West Palm Beach

State
FL

Zip Code
33401

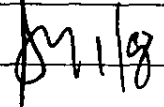
The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 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
			

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:  12/18/2008 407-538-5902

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