

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 DEC 30 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000010399

1. Corporation Name

BIG SKY INDUSTRIES VII, INC.

2. Principal Office Address - No P.O. Box #  
7557 West Sandlake Road

Suite, Apt. #, etc.  
153

City & State  
Orlando, Florida

Zip Country  
32819 USA

3. Mailing Office Address  
7557 West Sandlake Road

Suite, Apt. #, etc.  
153

City & State  
Orlando, Florida

Zip Country  
32819 USA

000139362240  
12/30/08--01039--027 \*\*5300.00

**REINSTATEMENT** 06-08

4. Date Incorporated or Qualified  
To Do Business in Florida 1/31/2000

5. FEI Number  
593647273

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 State Zip Code  
West Palm Beach FL 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 *[Signature]* 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: *[Signature]* RAMON CHIMELIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/2008

Date

407-538-5902

Daytime Phone #