

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 DEC 30 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000010408

1. Corporation Name

BIG SKY INDUSTRIES X, INC.

2. Principal Office Address - No P.O. Box #

7557 West Sandlake Road

Suite, Apt. #, etc.

153

City & State

Orlando, Florida

Zip

32819

Country

USA

3. Mailing Office Address

7557 West Sandlake Road

Suite, Apt. #, etc.

153

City & State

Orlando, Florida

Zip

32819

Country

USA

600139362286  
12/30/08--01039--027 \*\*5300.00

REINSTATEMENT 05-08

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

5. FEI Number

593647277

Approved 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 607.0505 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/2008

Date

407-538-5902

Daytime Phone #