

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL 14 PM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000010408**

1. Corporation Name

Big Sky Industries X, Inc.

2. Principal Office Address

211 Shell Point West

Suite, Apt. #, etc.

City & State

Maitland, Florida

Zip

32751

Country

USA

3. Mailing Office Address

211 Shell Point West

Suite, Apt. #, etc.

City & State

Maitland, Florida

Zip

32751

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1-31-2000

5. FEI Number

59-3647277

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

Street Address (P.O. Box Number is Not Acceptable)

319 Clematis Street

Suite, Apt. #, Etc.

Ste. 700

City

West Palm Beach

State

FL

Zip Code

33401

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

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
P	Ramon T Chimelis	211 Shell Point West	Maitland, Florida 32751

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 under section 119.07(3)(i), 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

/ Ramon Chimelis

02/24/03

Date

407-628-7033

Daytime Phone #

CR2E081 (10/02)

2/2/15

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Big Sky Industries X, Inc.

To Whom It May Concern:

I am writing this letter in regards that I did not receive any notice of the 2002 Uniform Business Report filing.

I am sending the appropriate fees to reinstate Big Sky Industries X, Inc. as requested by your office. Thank you for your attention in this matter.

A handwritten signature in black ink, appearing to read 'Ramon Chimelis', with a stylized flourish at the end.

Ramon Chimelis  
President