PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1										
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF S Secretary of State DIVISION OF CORPORATIONS				FILED 05 MAY -4 PM 2: 59						
DOCUMENT # P020000 1839 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Florida Blue Skies Corporation						5451 010530		300.00	L	
2. Principal Offi 2021 N Suite, Apt. #, etc	w 77th Ave	3. Mailing Office Address P.O. Box 8013 Suite, Apt. #, etc.		OS/13/05-51053-107537.75 REMSTATEMENT 14-0						
City & State SUNNSE Zip Country 33377 US		City & State Ft. Lauderdak Zip Country 6		4. Date Incorporated or Qualified To Do Business in Florida 7 7 200 2 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 88.75 Additional Fee required for a Certificate of Status						
7. Name and Address of Current Registered Agent										
Name Nome (KS Street Address (P.O. Box Number is Not Acceptable) 2021 NW 7) +L Ave Suite, Apt. #, Etc. City State State 33322 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.									(90/	
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 of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Date 4-28-05 REGISTERED AGENT MUST SIGN									1 CR2E081 (01	
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				
CEO I	Norris Mark	5 2021 NW	2021 NW 77th Ave		Sur	nise	, FL	3332	7	
V, P. 1	Nicholas Dougla	3 4220 Fox f	4220 Fox Ridge Dr		We	ston	FC.	33331		
V. P. A	Antonio Steele 60 The Com			on Tamarac, FC 33319						
V.P. V	lincent Brook	3587 JAY676	3581 INVENTAGE -		FL 33319					
							Wis!	, 11		
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 filling 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: NORRIS MARKS 954-709-130 D										

From Florida Blue Skies.

We did not receive our annual 2004 notices.

Kindly make the necessary adjustment.

Please find enclose money order \$300.00.

For necessary fees. Thanks in advance.

North Marks

President.

"NOTE \$8.75. BON. CERT. of STATUS"