

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108117

1. Corporation Name

OCEAN SKY IMAGES, INC.

Principal Place of Business

Mailing Address

~~2340 HUNTER LANE~~
MALABAR FL 32950

~~2340 HUNTER LANE~~
MALABAR FL 32950

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2165 DUNCIL LANE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2165 DUNCIL LANE

Suite, Apt. #, etc.

City & State

MALABAR, FL

City & State

MALABAR, FL

Zip

32950

Country

USA

Zip

32950

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BURDETTE, LAYTON H III	2340 HUNTER LANE 2165 DUNCIL LANE	MALABAR FL 32950
D	EMERY, MICHAEL V	5185 US HWY 1 2050 S. U.S. 1 #35	GRANT FL 32949 MALABAR, FL 32950
D	FISHER, DORIS L	4540 LAKE WATERFORD WAY 2165 DUNCIL LANE	MELBOURNE FL 32901 MALABAR, FL 32950
D	MENDONCA, KELLIE	900 GREENWAY AVE. 350 EL RANCHO TERRACE DR.	SATELLITE BEACH FL 32937 PALM BAY, FL 32907

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURDETTE, LAYTON H III 2340 HUNTER LANE 2165 DUNCIL LANE MALABAR FL 32950	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 26 OCT 03

11. 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] LAYTON H. BURDETTE, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

18 NOV 03 321-720-4709

Daytime Phone #

CR2E040 (7/03)