

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000136512

1. Entity Name
PIE IN THE VANILLA SKY, INCORPORATED



Principal Place of Business
4066 NORTH ALAFAYA TRAIL
B
ORLANDO FL 32817 US

Mailing Address
4066 NORTH ALAFAYA TRAIL
B
ORLANDO FL 32817 US

FILED

05 JUL 26 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07152005 REIN-P CR2E098 (6/04)

4. FEL Number

81063 8878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAIMANN, CHIVAS B
3249 ARDEN VILLAS BLVD.
1
ORLANDO, FL 32817

7. Name and Address of New Registered Agent

Name KAIMANN, CHIVAS B

Street Address (P.O. Box Number is Not Acceptable)
3849 PERCIVAL RD

City ORLANDO

FL

Zip Code 32826

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Chivas Kaimann

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/05

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME KAIMANN, CHIVAS B
STREET ADDRESS 3249 ARDEN VILLAS BLVD.
CITY-ST-ZIP ORLANDO, FL 32817 ☐ Delete

TITLE VP
NAME LEVESQUE, CHARLES J
STREET ADDRESS 3249 ARDEN VILLAS BLVD.
CITY-ST-ZIP ORLANDO, FL 32817 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V T
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME 900057870169
STREET ADDRESS 07/26/05--01003--002 ***300.00
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chivas Kaimann