

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

2. Principal Place of Business
-
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

07152005 REIN-P CR2E098 (6/04)

4. FEI 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

Name KAIMANN, CHIVAS B

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

3879 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

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

(NOTE: Registered Agent signature required when reinstating)

7/15/05

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME T
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: