

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 29 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000002285**

1. Corporation Name

BLUE SKY STABLES, INC.

2. Principal Office Address - No P.O. Box #

19656 118TH TRAIL SOUTH

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33498

Country

PALM BEACH

3. Mailing Office Address

19656 118TH TRAIL SOUTH

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

Zip

33498

Country

PALM BEACH

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12-22-2003

5. FEI Number

11-3588419

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK S. ROSNER

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

19656 118TH TRAIL SOUTH

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33498

200280453082
12/23/15--01022--014 **1808.75

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

Mark Rosner

Date **12-28-15**

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
PRES	MARK S. ROSNER	19656 118TH TRAIL SOUTH	BOCA RATON, FL. 33498
<div>REINSTATEMENT</div> <div>DEC 29 2015</div> <div>R. HUNT</div>			

10. E-mail Address: **MARK.ROSNER@YAHOO.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Mark Rosner **MARK ROSNER**

12-28-15

561-414-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #