2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000148679

City-St-Zip:

WESTMONT, IL 60559

Entity Name: BLUE SKY TRAVEL & TOURS INC.

FILED Oct 12, 2005 Secretary of State

Littly Nai	ile. BLOE SKI	TRAVEL & TOOKS, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
6311 FAIRVIEW AVE. #220 WESTMONT, IL 60559				2780 SE MORNINGSIDE BLVD PORT ST LUCIE, FL 34952 US			
Current M	ailing Address	: :	New Maili	New Mailing Address:			
6311 FAIRVIEW AVE. #220 WESTMONT, IL 60559			2780 SE MORNINGSIDE BLVD PORT ST LUCIE, FL 34952 US				
FEI Number:		FEI Number Applied For ()	FEI Number Not App	licable (X) C	Certificate of Status Desir	red ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
3249 W CY SUITE C	CCESS CENTE (PRESS ST. _ 33607 US	RS OF AMERICA, INC.					
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing	ts registered offic	ce or registered agent	, or both,	
SIGNATUR	RE: RICHARD	KUIPER					
	Electroni	c Signature of Registered Age	ent	Date			
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notic	e.			
OFFICERS	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO	O OFFICERS AND D	IRECTORS:	
Title: Name: Address: City-St-Zip:	PD () CIRAULO, THOM 6311 FAIRVIEW WESTMONT, IL	AVE. #220	Title: Name: Address: City-St-Zip:	() Cl	hange () Addition		
Title: Name: Address: City-St-Zip:	VD () KUIPER, RICHAI 6311 FAIRVIEW WESTMONT, IL	AVE. #220	Title: Name: Address: City-St-Zip:	VD (X) C KUIPER, RICHARI 2780 SE MORNIN PORT ST LUCIE,	GSIDE BLVD		
Title: Name: Address:	TD () ROGERS, JOHN 6311 FAIRVIEW		Title: Name: Address:	() CI	hange () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RICHARD KUIPER VD 10/12/2005