

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 25 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000023932

1. Entity Name
BLUESKY SATELLITE USA, CORP.



Principal Place of Business
8311 NW 64TH ST., SUITE 4
MIAMI, FL 33166

Mailing Address
8311 NW 64TH ST., SUITE 4
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
7222 LOBELIA RD
Suite, Apt. #, etc.

City & State
FORT MYERS FL

City & State
FORT MYERS FL

Zip
33967

Country
USA



10182007 REIN-P CR2E098 (1/07)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAZ, RUBEN E
8311 NW 64TH ST., SUITE 4
MIAMI, FL 33166

7. Name and Address of New Registered Agent
Name
PAZ, RUBEN E
Street Address (P.O. Box Number is Not Acceptable)
7222 LOBELIA RD
City
FORT MYERS FL Zip Code
33967

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 _____ DATE 10-18-2007
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAZ, RUBEN 8311 NW 64TH ST., SUITE 4 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAZ, RUBEN E 7222 Lobelia Rd FORT MYERS FL 33967
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ DATE 10-18-2007 7864878359
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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