

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 NOV 15 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000057992

1. Corporation Name

BLUE SKY BG, INC

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

6570 66TH AVE NORTH

3. Mailing Office Address

PO BOX 56621

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

City & State

PINELLAS PARK FL

City & State

ST PETERSBURG, FL

Zip

33781

Country

USA

Zip

33732

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/2005

5. FEI Number

20-2727310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
BASHALOV, STOYKO

Street Address (P.O. Box Number is Not Acceptable)
6570 66TH AVE NORTH

Suite, Apt. #, Etc.

203

City
PINELLAS PARK

State
FL

Zip Code
33781

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **11/13/2007**

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
P	BASHALOV, STOYKO	6570 66TH AVE NORTH 203	PINELLAS PARK FL 33781
			400112351954
			11/15/07-01004-015 **300.00

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/2007

Date

727-557-7353

Daytime Phone #

11/20