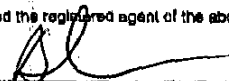
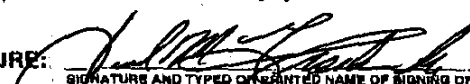


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 SEP -9 PM 12:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P95000070577					
1. Corporation Name ONE SKY INC.					
2. Principal Office Address 6341 N.W. 33RD Street Suite, Apt. #, etc.		3. Mailing Office Address 6341 N.W. 33RD Street Suite, Apt. #, etc.		REINSTATEMENT 00-0	
City & State Hollywood, Florida		City & State Hollywood, Florida			
Zip 33024	Country USA	Zip 33024	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 09/13/1995				5. FEI Number 650686084	
6. CERTIFICATE OF STATUS DESIRED ☐				Applied For Not Applicable	
7. Name and Address of Current Registered Agent					
Name Sherr, Brian, J.					
Street Address (P.O. Box Number is Not Acceptable) 401 East Las Olas Blvd.					
Suite, Apt. #, Etc. 20th Floor					
City Ft. Lauderdale					
State FL					
Zip Code 33301					
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  Date 8/30/04					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	Frank, Joel Sr.	6341 N.W. 33RD Street		Ft. Lauderdale FL33024	
STD	Gomez, Eddie	6341 N.W. 33RD Street		Ft. Lauderdale FL33024	
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 under section 119.07(3)(f), 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:  (Joel Frank, Sr.) (954) 983-6992 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 8/31/04 Daytime Phone #					