

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION<br>FOR<br>REINSTATEMENT   |                                      | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |                          |
|---|--------------------------------------|--|--------------------------|
| DOCUMENT # <b>P96 000039686</b>   |                                      |  |                          |
| 1. Corporation Name<br><b>BELLEW SKY, INC.</b>  |                                      |  |                          |
| Principal Place of Business<br><b>100 Second Ave. S.<br/>Suite 704<br/>St. Petersburg, FL 33701</b>   |                                      | Mailing Address<br><b>(Same)</b>   |                          |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.   |                                      |  |                          |
| 2. New Principal Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |                                      | 3. New Mailing Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |                          |
| 4. Date Incorporated or Qualified To Do Business in Florida<br><b>5/1/96</b>  |                                      | 5. FEI Number<br><b>59-3375870</b>   |                          |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>  |                                      | Applied For<br>Not Applicable  |                          |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |                                      | 8. Name and Address of Current Registered Agent  |                          |
| 1. Title(s)   | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)   | 4. City / State / Zip    |
| P.  | Del Bellew                           | 1540 Gulf Blvd., Penthouse #1  | Clearwater, FL 34630     |
| S   | B. Gray Gibbs                        | 406 - 17th Avenue N.E.   | St. Petersburg, FL 33701 |
|   |                                      | 200002473402--0<br>-03/31/98--01044--020<br>****908.75 ****908.75  |                          |
| <b>REINSTATEMENT 9-7-98</b>   |                                      |  |                          |
| 8. Name and Address of Current Registered Agent<br><b>Deborah L. Knoll<br/>100 Second Avenue S.<br/>Suite 704<br/>St. Petersburg, FL 33701</b>  |                                      | 9. Name and Address of New Registered Agent<br>Name<br><b>B. Gray Gibbs.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>100 Second Avenue S.<br/>Suite 704</b><br>City<br><b>St. Petersburg</b> State<br><b>FL</b> Zip Code<br><b>33701</b> |                          |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.<br>Signature of Registered Agent <b>B. Gray Gibbs</b> Date <b>3-10-98</b><br>REGISTERED AGENT MUST SIGN   |                                      |  |                          |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)  |                                      |  |                          |
| 12. 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)(i), 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.<br><b>TLL MAR 25 1998</b><br><b>3-10-98</b> |                                      |  |                          |
| SIGNATURE: <b>B. Gray Gibbs</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |                                      |  |                          |

FILED  
98 MAR 25 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (12/96)