PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 10 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052384

1. Corporation Name

One Sky Asset Management, Inc.

Principal Place of Business	Mailing Address
3111 University Drive Suite 725 Coral Springs FL 33065	

REINSTATEMENT 98-991

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

P.O Box 97-0118

Suite, Apt. #, etc.

City & State

Coconut Creek, Fl.

Zip 33097 | Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/12/97

5. FEI Number: 65-0764702 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
pres. Dir.	Joel M. Frank, SR.	6341 N.W. 33rd. ST.	Hollywood, Fl. 33024
V.P. DIR.	Eddie Gomez	Tribal Road 40, house #82	Isleta, New Mexico 87022

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-05/21/99--01113--013
****900.00 ****900.00

8. Name and Address of Current Registered Agent

David Levy
3111 University Drive, Suite 725
Coral Springs FL 33065

9. Name and Address of New Registered Agent

Name: Joel M. Frank, SR.
Street Address (P.O. Box Number is Not Acceptable): 6341 N.W. 33rd Street
Suite, Apt. #, Etc.
City: Hollywood
State: FL Zip Code: 33024

CR2E081 (12/98)

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.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (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.

SIGNATURE: [signature] 4/30/99 954-494-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOEL M. FRANK, SR.