* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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1	REINSTATEMENT		A DEPARTMENT OF STATE Secretary of State vision of corporations		FILED~ ~ 06 AUG 18 PH 1: 20		
DOCUMENT # P97000106947 1. Corporation Name				TATE AND A CONTRACTOR TATE			
Blue Sky Capital & Investments Corporation							
2. Principa 781 (al Office Address Crestwood Drive	3. Mailing Office Addre	3. Mailing Office Address		ADDED A VACANT		
Suite, Apt. #		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business In Florida 1 – 1 – 98			
City & State St. A	ugustine, FL	City & State		<u> </u>	- FO 3/8/196 Applied For		
^{Zip} 3208	6 St. Johns	Zip	Country	6.	OF STATUS DESIDED \$8.75 A	Not Applicable dditional Fee required Certificate of Status	
<u> </u>	7. Name and Address of Current Registered Agent						
	Denise J. Baker **PetAddress (P.Q. Box Number B Not Acceptable) 781 Crestwood Drive 100078991551 08/22/0601024013 **450.00						
	Suite, Apt. #, Etc.				0601024013	<u>*450.</u> 00	
	Šť. Augustine				State 32086		
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 LULLS BOUNDED BOUN							
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 / 2	Lip	
VP	Robert M. Baker	781	781 Crestwood Drive		St. Augustine, F	L 32086	
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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 Date Date Daytime Phone # 3176							

August 15, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

To whom it may concern:

In July of 2003 we sold our business Erosion Control Services Inc and opened a new company under the same tax id number called Blue Sky Capital & Investment Corp. Also during that time we sold our residence and while waiting for our new home to be completed we opened a Post Office Box. Some how in all that confusion we never rec'd the 2004 annual report and frankly without that reminder never thought about it again. It wasn't until we were preparing to move our business checking to another bank that we realized the corporation was listed as inactive.

I have enclosed a check for the 3 years we were inactive and hope that you will wave the reinstatement fee.

Thank you for your prompt attention in this matter. Our new address is listed on the reinstatement application.

Sincerely,

Denise J. Baker

Denis Baker

President