

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

lofz

**99100 USA**

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 JUL 24 AM 9:37

DOCUMENT # P97000108004

1. Corporation Name  
**BLUE SKIES PARASAIL, INC.**

2. Principal Office Address  
**571 NORMANDY RD**

3. Mailing Office Address  
**571 NORMANDY RD**

Suite, Apt. #, etc.

City & State  
**MADEIRA BEACH, FL.**

City & State  
**MADEIRA BEACH, FL.**

Zip Country  
**33708 USA**

Zip Country  
**33708 USA**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-0812825** 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  
**GINA M. JOSEPH**

Street Address (P.O. Box Number is Not Acceptable)  
**571 NORMANDY RD.**

Suite, Apt. #, Etc.

City  
**MADEIRA BEACH, FL**

State  
**FL**

Zip Code  
**33708**

700003344367-5  
 -08/02/00--01080--080  
 \*\*\*\*\*300.00 \*\*\*\*\*300.00

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  
*Gina M. Joseph*

REGISTERED AGENT MUST SIGN

Date  
**7/20/00**

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
PRES.	ELIZABETH JOSEPH	256 PRESIDIO PLACE	WILLIAMSVILLE, NY 14221
SEC./-TRES.	GINA JOSEPH	571 NORMANDY RD.	MADEIRA BEACH, FL 33708

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)(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.

**GINA M. JOSEPH SEC./TRES.**

SIGNATURE: *Gina M. Joseph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**7/20/00**

Daytime Phone #  
**(427) 397-1050**

CR2E081 (9/99)

# Blue Skies Parasail

BLUE SKIES PARASAIL, INC.  
571 NORMANDY ROAD  
MADEIRA BEACH, FLORIDA  
33708

JULY 20, 2000

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

SUBJECT: BLUE SKIES PARASAIL, INC.  
REF. NUMBER: P97000108004

ENCLOSED WITH THIS LETTER IS A COMPLETED REINSTATEMENT FORM AND A CHECK FOR THE 1999 AND 2000 CORPORATE ANNUAL REPORTS TOTALING \$ 300.00.

I AM REQUESTING THAT ALL OTHER REINSTATEMENT FEES BE WAIVED. NO FORMS OR NOTICES WERE EVER RECIEVED FOR THE 1999 CALANDER YEAR. WITHOUT THE FORMS I WAS NOT AWARE THAT ANYTHING WAS DUE. I DID NOT RECIEVE THE FORMS DUE TO AN INCORRECT MAILING ADDRESS. THE MAILING ADDRESS HAS BEEN CORRECTED ON THE REINSTATEMENT FORM ENCLOSED.

IF YOU NEED TO CONTACT ME BY PHONE MY DAYTIME PHONE # IS : (727) 397-1050

SINCERELY,  
*Gina M. Joseph sec/Treas.*

GINA M. JOSEPH  
SECRETARY/TREASURER of BLUE SKIES PARASAIL, INC.