

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 OCT 11 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

SD0110698709
10/11/07--01047--010 **297.50
SD0110698709
10/11/07--01047--011 **9.75
CR2E081(1/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # W03000000184
1. Corporation Name
The Venetian Club, Inc

2. Principal Office Address - No P.O. Box # <u>917 Chippewa St.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>PO Box 1162</u> Suite, Apt. #, etc.	
City & State <u>St. Augustine Fl.</u>		City & State <u>St. Augustine Fl.</u>	
Zip <u>32086</u>	Country <u>USA</u>	Zip <u>32085</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 1/03

5. FEI Number 43-1995814 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 Thomas Jackson

Street Address (P.O. Box Number is Not Acceptable)
917 Chippewa St.

Suite, Apt. #, Etc.

City St. Augustine State FL Zip Code 32086

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 10/8/07

REGISTERED AGENT MUST SIGN

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
PO	Henry White	848 White Eagle Cir	St Aug. Fl. 32086
VPO	Barbara Jackson	917 Chippewa St.	St Aug Fl 32086
SO	Isabelle Jenkins	9 Blanche Lane	St Aug Fl. 32084
TD	Thomas Jackson	917 Chippewa St.	St Aug Fl. 32086
FSO	Jacqueline Bryant	904 Chippewa St.	St. Aug Fl 32086

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] Thomas Jackson Date 10/8/07 (904) 669-8863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

10/11