

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **306306**

1. Corporation Name
Ven-Win, Inc.

2. Principal Office Address
1203 S. 11th Street

Suite, Apt. #, etc.

City & State
Ft. Pierce, FL

Zip
34950

Country
USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **11/16/66**

5. FEI Number
59-1423008

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
Venetia Brown

Street Address (P.O. Box Number is Not Acceptable)
1203 S. 11th Street

Suite, Apt. #, Etc.

City
Ft. Pierce,

State Zip Code
FL 34950

100035730851
05/07/04--01009--019 *800.00**

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **4-30-04**

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

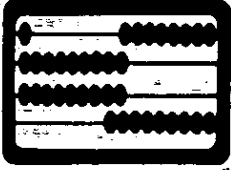
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Brown, Venetia	1203 S. 11th Street	Ft. Pierce, FL 34950
S	Williams, Pam	1005 S. 11th Street	Ft. Pierce, FL 34950

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.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04
Date Daytime Phone #

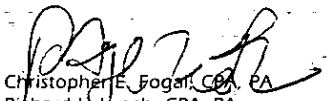
CR2E081 (01/04)



FOGAL, LYNCH JOHNSON & LONG

certified public accountants

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NACPAF • PCPS

April 26, 2004

Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: Ven Win, Inc.

Dear Sir:

As per your instructions, enclosed is the Corporation Reinstatement form for the above mentioned corporation. The Corporate Annual Reports for 2001, 2002 and 2003 were erroneously not filed due to the fact that the taxpayer was 84 years old and had just lost her husband. She was totally dependant on her bookkeeper to prepare and file all necessary forms. Unfortunately in this same time period, the bookkeeper's father became terminally ill and she became responsible for his care and was not able to handle the corporations activity. It is unclear where the Corporate Annual Reports were filed since this was a very difficult and disorganized period of time for both of them. The omission was not discovered until the corporation went to file the 2004 Corporate Annual Report.

We are enclosing a check in the amount of \$600.00 representing the \$150.00 fee for 2001, 2002, 2003 and 2004. We ask that you please abate the reinstatement fee and reinstate this corporation as soon as possible. If you need any further information, please do not hesitate to call or write.

Most sincerely yours,


Richard L. Lynch, CPA

RLL/dlb