

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 MAR -8 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 595600

**1. Corporation Name**

CUBBIES OF VENICE, INC.

400005183384--2  
-04/02/02--01053--016  
\*\*\*\*300.00 \*\*\*\*300.00

**2. Principal Office Address**

8195 NW 162nd CT

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 33

Suite, Apt. #, etc.

**City & State**

MORRISTON, FL

Zip Country  
32668 USA

**City & State**

MORRISTON, FL

Zip Country  
32668 USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2001

**5. FEI Number**

59-1858602

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

PAUL R SMITH

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

8195 NW 162nd CT

Suite, Apt. #, Etc.

City

MORRISTON

State  
FL

Zip Code

32668

**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

2/6/02

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	PAUL R SMITH	<del>SAME AS ABOVE</del>	8195 NW 162nd CT MORRISTON FL 32668
V.P./SEC.	SUSANNE SMITH	<del>SAME AS ABOVE</del>	8195 NW 162nd CT MORRISTON, FL 32668

**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]*

SEC

SUSANNE SMITH

2/6/02 (352) 528-6414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2062

**Susanne Smith**  
**P.O. Box 33**  
**Morrison, FL 32668**  
**(352) 528-6414**

February 06, 2002

Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: DOCUMENT # 595600 Cubbies of Venice, Inc.

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To whom it may Concern:


Per our phone conversation, due to relocation and change of address,  
we did not receive the UBR form . Please reinstate the above mentioned corporation as of 2001.

Enclosed is a corporate reinstatement form along with a check for the amount of \$300.00  
(\$150.00 for year 2001, \$150.00 for year 2002).

If you have any questions, please contact me at the above phone number.

Thankyou in advance.

Yours truly,

  
Susanne Smith  
Vice-Pres./ Sec

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