PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAR 31 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702986

1. Corporation Name
Venice Beach Apartments, One, Inc.

Principal Place of Business / Mailing Address
100 The Esplanade, North
Venice, Florida 34285

400002477224--2
-04/02/98--01079--022
***1767.50 ***1767.50

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-0968751 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Betty Overman	100 The Esplanade, North Apt. #13	Venice, FL 34285
VP/D	Henry Mahoney	100 The Esplanade, North Apt. 2	Venice, FL 34285
S/T/D	Bill Emerson	100 The Esplanade, North Apt. 16	Venice, FL 34285
D	Jeanette Hoefel	100 The Esplanade, North Apt. 16	Venice, FL 34285
D	Shirley Stinson	100 The Esplanade, North Apt. 15	Venice, FL 34285

8. Name and Address of Current Registered Agent 4-1-98

REINSTATEMENT

SL 4-1-98

9. Name and Address of New Registered Agent

Name: Robert L. Moore
Street Address (P.O. Box Number is Not Acceptable): 227 S. Nokomis Ave.
Suite, Apt. #, Etc.:
City: Venice State: FL Zip Code: 34285

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Robert L Moore
REGISTERED AGENT MUST SIGN
Date: March 25, 1998

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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: Betty M. Overman, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 1998
Date

Daytime Phone #