

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F050000006851

1. Corporation Name

Venture One Construction, Inc.

2. Principal Office Address - No P.O. Box #

3800 Red Bank Road

Suite, Apt. #, etc.

B

City & State

Cincinnati, OH

Zip

45227

Country

USA

3. Mailing Office Address

3800 Red Bank Road

Suite, Apt. #, etc.

B

City & State

Cincinnati, OH

Zip

45227

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11-18-2005

5. FEI Number

56-1973842

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

NRAI Services, Inc

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

4

City

Weston

State

FL

Zip Code

33331

☒ 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

Peter F. Souza
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

10/27/08

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
President	George J Kovach, III	3714 Aull Park Ave	Cincinnati OH 45208
Secretary	Same		
Treasurer	Same		

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:

GEORGE J KOVACH, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-22-08

Daytime Phone #

513-527-4055

FILED

2008 NOV 19 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA