PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS HORM WHI FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State 97 DEC -1 PH 3: 23 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # F93000002227 1. Corporation Name **VENBRO INDUSTRIES, INC.** Principal Place of Business Mailing Address 6 SARNOWSKI DRIVE 6 SARNOWSKI DRIVE SCOTIA NY 12302 SCOTIA NY 12302 MIEWEWN 91 If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 05/12/1993 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 14-1608408 Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip PT venditti. Louis a **4 GRIFFITHS LANE** SCOTIA NY 12302 **VPS** venditti, Jean C **4 GRIFFITHS LANE** SCOTIA NY 12302 700002363**4**97---8 -12/04/97--01107--017 ****750.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name VENDITTI, LOUIS A Street Address (P.O. Box Number is Not Acceptable) 1130 LIGHTHOUSE CT. Suite, Apt. #, Etc. MARCO ISLAND FL 33937 City State | Zip Code 10. I, being appointed the registered agent of the above named contignation amiliar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date _11 | 21 | 97 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes I 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 filling 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:

11/21/97 518-370-0321 Daytine Phone #