

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 21 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004693

1. Corporation Name

VENTEX TECHNOLOGY, INC.

Principal Place of Business

7830 BYRON DRIVE  
STE 10  
RIVIERA BEACH FL 33404  
US

Mailing Address

7830 BYRON DRIVE  
STE 10  
RIVIERA BEACH FL 33404  
US

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/26/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3206080

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BOYD, JOHN S	7830 BRYAN DRIVE, SUITE 10	RIVIERA BEACH FL 33404
C	JOHNSTON, CHARLES	7830 BRYAN DRIVE, SUITE 10	RIVIERA BEACH FL 33404
ST	OGDEN, RICHARD J JR	<del>184 HIGH STREET - 7TH FLOOR</del> 70 Fennell Drive, Suite 14	BOSTON MA 02110 Weymouth MA 02188

4000003082514--1  
-12/29/99--01011--018  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOYD, JOHN  
7830 BYRON DRIVE  
RIVIERA BEACH FL 33404

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*John S. Boyd* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/13/99

11. 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:

*Richard J. Ogden, Jr.* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/99 (781) 682-7981  
Date Daytime Phone #