

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000000894**

1. Corporation Name

MSI VENTURES, INC.

Principal Place of Business

2033 WOOD STREET
SUITE 120
SARASOTA FL 34237

Mailing Address

2033 WOOD STREET
SUITE 120
SARASOTA FL 34237

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1997

5. FEI Number

75-2615530

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 3	City / State / Zip 4
DPST	ST. GENIS, JOHN S	2033 WOOD STREET	SARASOTA FL 34237
D	FLYNN, WILLIAM K	320 PARK AVENUE 23RD FLOOR	NEW YORK NY 10022

300024189423
10/28/03--01016--020 **150.00

8. Name and Address of Current Registered Agent

LUZIER, THOMAS B
3400 S. TAMiami TRAIL
SUITE 202
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/21/03

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03

Daytime Phone #

(941) 951-6771

CR2E040 (7/03)

MSI VENTURES, INC.

October 19, 2003

Florida Department Of State
Division Of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
TALLAHASSEE, FL 32314-6327

Dear Florida Department Of State:

Please find enclosed the completed copy of the Application For Reinstatement and our check for \$150.00.

This is the first form that we received from your office to file for this company this year and we did not receive the two previous forms that were sent to us. We have had problems with the postal service over a period of time and these forms are not the only items that have got lost in the post.

If your require any further clarification on this matter, please do not hesitate to contact me at (941) 951-6771.

Sincerely yours,



John S. St. Genis
Enclosures