

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006723

1. Corporation Name

VENTURI TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

6235 E 56TH AVE
COMMERCE CITY CO 80022

PO BOX 16423
DENVER CO 80216

6856 York St.
Denver, CO 80229-7342

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

2. New Principal Office Address, If Applicable

6856 York St.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Denver, CO

City & State

Zip
80229-7342

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1999

5. FEI Number

87-0580279

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
CEO	DOUGHERTY, MICHAEL	6295 E. 56TH AVENUE	COMMERCE CITY CO 80022
COO CEO	MARTIN, MITCHELL J	6295 E. 56TH AVENUE	COMMERCE CITY CO 80022
CFO	ABATE, STEVE	6295 E. 56TH AVENUE	COMMERCE CITY CO 80022
S	MILLER, PAMELA J	6295 E. 65TH AVENUE	COMMERCE CITY CO 80022
			800008641348 10/29/02--01019--006 **750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/18/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02

720-
322-7777