

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 16 AM 8:00

DOCUMENT # **G77950**

1. Corporation Name

**VENICE IMPORTS CO.**

Principal Place of Business

Mailing Address

1700 SO TRAIL  
VENICE FL 34293  
US

1700 SO TRAIL  
VENICE FL 34293  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/1984

5. FEI Number

59-2441860

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
PD	WILSON, MARY BETH	1700 SO TRAIL	VENICE FL
			600032467296 04/12/04--01058--007 **150.00
			600032467296 04/26/04--01071--004 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, MARY BETH  
1700 SO TRAIL  
VENICE FL 34293

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 Mary Beth Wilson  
REGISTERED AGENT MUST SIGN

Date 4-1-04

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.

MARY BETH WILSON

SIGNATURE: Mary Beth Wilson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)