PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97-93

FILED
98 JAN 22 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J02876

1. Corporation Name

VENTURE FIVE WELLINGTON, INC.

Principal Place of Business / Mailing Address
11360 Fortune Circle
Building E-2
Wellington, FL 33414

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

REINSTATEMENT ad 1/22

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	12103 Branding Iron Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc. ------
City & State	City & State: Wellington, Florida
Zip / Country	Zip: 33414 / Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 3/7/86

5. FEI Number: 59-2656333 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional fee is 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Robert Zulli	12103 Branding Iron Court	Wellington, FL 33414
Vice-Pres.	" "	" "	" "
Sec.	" "	" "	" "
Trs.	" "	" "	" "
B/D.	" "	" "	" "

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***3023.75 ***1965.00

8. Name and Address of Current Registered Agent

Daniel J. Brams, Esquire
1645 Palm Beach Lakes Blvd.
Suite 1050
West Palm Beach, FL 33401

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.

Signature of Registered Agent: _____ Date: _____
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

(See other side for information on intangible tax.)

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 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: _____ 1-12-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #

CR2E043 (8/96)