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APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE
APPROVED AND FILED
1997 NOV -4 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

◄ Read Instructions on Other Side Before Making Entries ►
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # K47832
Venus Manufacturing, Inc.
11711 Marco Beach Drive, Suite 6
Jacksonville, FL 32224-7615

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
11/21/88	59-2930386	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED X

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
			400002341004--2 -11/06/97--01121--028 ****750.00 ****750.00
PTD	Roger R. Reinfensnyder	11200 St. Johns Ind. Parkway	Jacksonville, FL
VS	Letitia F. Reifensnyder	11200 St. Johns Ind. Parkway	Jacksonville, FL
			400002341004--2 -11/06/97--01121--029 ******8.75 ******8.75
			REINSTATEMENT

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Demere Mason
3100 University Blvd. S., Suite 101
Jacksonville, FL 32216

8. Name and Address of New Registered Agent and/or Office

Name
Brant, Moore, Macdonald & Wells, P.A.
Street Address (Do NOT Use P.O. Box Number)
50 N. Laura Street, Suite 3100
Street Address (Do NOT Use P.O. Box Number)
City and State: Jacksonville, FL. Zip: 32202

CR2E040 (8/92)

9. 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 Jan D. McCormick, V.P. Date 10/17/97
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director [signature] Date 10/22/97 Daytime Phone # 904-645-3187