PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

. , PLEASE READ ALL INSTRUCTIONS DEED	· ·
CORPORATION FLORIDA DEPARTMENT OF ST	`
REINSTATEMENT  DIVISION OF CORPORATIONS	2007 NOV 15 PM 12: 13
DOCUMENT # R 54580	SECRETARY OF STATE TALLAHASSEE.FLORIDA
DOCUMENT# 1. Corporation Name  R 54580  CAPE Ventures Inc	
10070004648/	REINSTATEMENT 05-07
2. Principal Office Address - No P.O. Box #  3. Mailing Office Address  1/95/ Sw 49 CF	CR2E081 (1/07)
Suite, Apt. #, etc.  Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State COOper C. M 72 City & State	To Do Business in Florida  5FEI Number-  Applied For
Zip Country Zip Country 33336 U.S.A	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Mame Lisela PEREZ	The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)	the prior notices. By checking this box, you
Suite, Apt. #, Etc.	are certifying the prior notices were not received and requesting the reinstatement
COOPER City State 3533	fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of 'Registered Agent Date 1/27/67  REGISTERED AGENT MUST SIGN	
9. Lists and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Addre Officers and/or Directors Officer and/	or Director
D- Misc/A Parez 1195/5W4	Get Coper City FL 33332
	600109596866 09/18/0701064013 ***300.00
REINSTATEMENT DS-07 00108586866 11/21/07-01048-003 **150.00	
10. 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 filling 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 contained in Chapter 119, 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 PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Desprise Phone #	

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