

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2007 AUG 20 AM 10: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100108700291
08/28/07--01018--010 **250.00

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000010388
1. Limited Liability Company's Name
Ventry Company, LLC

2. Principal Office Address - No P.O. Box # 300 Camellia Drive		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Quincy, Florida		City & State	
Zip 32351	Country US	Zip	Country

4. State/Country of Formation
Florida, US

5. Date Organized or Qualified To Do Business in Florida **8/29/2000**

6. FEEL Number 593708352	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
William F. Ventry

Street Address (P.O. Box Number is Not Acceptable)
300 Camellia Drive

Suite, Apt. #, Etc.

City
Quincy

State
FL

Zip Code
32351

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

[Signature]

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *William F. Ventry* Date 6/20/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Linda C. Ventry	300 Camellia Drive	Quincy, Florida, 32351
MGR	William F. Ventry	300 Camellia Drive	Quincy, Florida, 32351

REINSTATEMENT 03-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 Managing Member/Manager *William F. Ventry* Date 6/20/06 Daytime Phone # 850/627-7968

Type or printed name of signing Managing Member/Manager William F. Ventry