

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL 19 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

7/19

**DOCUMENT # L01000007717**

**1. Limited Liability Company's Name**

VENTURE CAPITAL HOLDINGS LLC

**2. Principal Office Address**

15 ROYAL PALM WAY

Suite, Apt. #, etc.

# 604

City & State

BOCA RATON FLORIDA

Zip

33432

Country

USA

**3. Mailing Office Address**

15 ROYAL PALM WAY

Suite, Apt. #, etc.

# 604

City & State

BOCA RATON FLORIDA

Zip

33432

Country

USA

**4. State/Country of Formation**

FLORIDA / USA

**5. Date Organized or Qualified  
To Do Business in Florida**

MAY 14, 2001

**6. FEI Number**

65-1103487

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

MICHAEL KORDICHT

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

15 ROYAL PALM WAY

Suite, Apt. #, Etc.

# 604

City

BOCA RATON

400039194594

07/15/04--01060--003 \*\*215.00

State

FL

Zip Code

33432

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

7/14/04

**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
MANAGING MEMBER	MICHAEL KORDICHT	15 ROYAL PALM WAY # 604	BOCA RATON FLORIDA 33432

REINSTATEMENT

2003-  
2004

**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

*[Signature]*

Date

7/14/04

Daytime Phone #

954-796-4200

Typed or printed name of signing Managing Member/Manager

MICHAEL KORDICHT

CR2E041 (10/02)