

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 JAN 14 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000011039**

1. Limited Liability Company's Name

Venutek, LLC

2. Principal Office Address

487 W. Artesia St.

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip
32765

Country

U.S.A.

3. Mailing Office Address

P.O. Box 2331

Suite, Apt. #, etc.

City & State

Oviedo, FL

Zip

32762

Country

U.S.A.

4. State/Country of Formation

Florida / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

7/5/2001

6. FEI Number

EIN

59-3723300

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

Linda Trocine

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

487 W. Artesia St.

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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

Linda Trocine

Date

1/7/05

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
MGRM	Linda Trocine	487 W. Artesia St.	Oviedo, FL 32765

REINSTATEMENT 204
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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

Linda Trocine

Date

1/7/05

Daytime Phone #

407-351-8699

Typed or printed name of signing Managing Member/Manager

Linda Trocine

CR2004 (10/02)