PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAY 24 PM 4:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L 01000016620

1. Limited Liability Company's Name
Venture One, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 3822 W. 12th Ave. | 3822 W. 12th Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Hialeah, FL | City & State: Hialeah, FL |
| Zip: 33012 Country: Dade | Zip: 33012 Country: Dade |

4. State/Country of Formation: FL

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

6. FEI Number: 65-1185592 ☐ 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: MAURICE CAYON

Street Address (P.O. Box Number is Not Acceptable): 3822 West 12th Avenue

Suite, Apt. #, Etc.:

City: Hialeah, FL State: FL Zip Code: 33131

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR | Maurice Cayon | 3822 W. 12th Ave, Hialeah | FL 33012 |
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REINSTATEMENT 2002-04

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 _____ Date 4/28/04 Daytime Phone # 305-823-6721

Typed or printed name of signing Managing Member/Manager _____