## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					<b>l</b> ` `	-2 AM 9: 17	
DOCUMENT # L 0 5 0000 100-72					ALLAHA	GS OF STATE SSFF.FLORMA	
1. Limited Liability Company's Name  Venice Builders LLC							
Ve	MICE	Bunazis	, <u> </u>				
						CR2E041 (1/14)	
			3. Mailing Office Addre	in the		· ·	
Suite Apt. #, etc.			Suite, Apt. #, etc.		4. State/Countr	y of Formation	
				5		5. Date Organized or Qualified	
City & State			City & State		6. FEI Number Applied For		
Venice, Florida			Venice, Florida  Zip Country  34297 USA		510554091 Not Applicable		
3429	l l	USA	34292	USA	7. CERTIFICATE OF	STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent							
Harold J Smith							
Street Address (P.O. Box Number is Not Acceptable) 806 MoNticello Ct							
Suite, Apt. #, Etc.						ريس اور ارسان مينوارندن ومده ومده ومدر ومدر و	
City Venice State Zip Code FL 34292					200267935942 01/02/1501024009 **798.75		
		······································	sove named limited liability	company, am familiar with an	d accept the obliga	tions of Chaoter 605. F.S.	
Signature o			1 _/		a accept the conga	Date 12/29/2014	
Registered	d Agent		REGISTERED AGENT MU	ST SIGN		Date /2/2// 20//	
10. Nam	nes and Street	t Addresses of Authorized R	opresentatives/Managers				
Titles	Name of Authorized Representatives/ Managers		esi .	Street Address of Each Authorized Representative/ Manager		City / State / Zip	
MGRM	HA.	rold J Sm.	th 806	Montacello C	:+	Venice, Flor. da 34292	
						,	
	Dr.					S. HAWKES	
			A			J. FIAVAGO	
1	1	KEIN2IX	ALEMEI			[	
	1	CEINSIA	ATEME	NT		JAN - 5 AM.	
		1010-6	ATEME 1014	NT		JAN - 5 A.M.  EXAMINER	
	å	2010-5	014				
11. E-mail /	_	1010-5 hjscom	mercial Tobus			EXAMINER	
12. I certify when filing	y that   am an this reinstate	hj Scom	Mercual (To be use	AOL.CO ad for future annual report notificati trustee empowered to execute iminated, the limited liability or	e this application as ompany name satis	s provided for in Chapter 608, F.S. I further certify that sfies the requirements of section 605.0012, F.S., and	
12. I certify when filing that all fees as if made	y that I am an this reinstate s owed by the under oath. I	AJScom  authorized representative/n ment application the reason limited liability company have	mercual. (To be use nanager or the receiver or to for dissolution has been eleve been paid. The information of the control of	of AOL. CO ad for future annual report notificati trustee empowered to execute iminated, the limited liability co ion indicated on this application	e this application as ompany name satis on is true and accur	provided for in Chapter 608, F.S. I further certify that files the requirements of section 605,0012, F.S., and rate, and my signature shall have the same legal effect to provided in a 817,455, F.S.	
12. I certify when filing that all fees as if made Signature o Authorized	y that I am an this reinstate s owed by the solution oath. I of Representati	authorized representative/nement application the reason alimited liability company has am aware that false informa	To be use transport of the description and the description of the receiver or the for dissolution has been eleve been paid. The information submitted to the Department of the	of AOL. CO ad for future annual report notificati trustee empowered to execute iminated, the limited liability co ion indicated on this application	e this application as ompany name satis on is true and accur	provided for in Chapter 608, F.S. I further certify that files the requirements of section 605,0012, F.S., and rate, and my signature shall have the same legal effect	