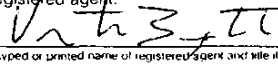
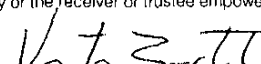


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV 29 AM 9:20

DOCUMENT # L05000107763			
1. Entity Name VENPAL, LLC			
Principal Place of Business 4244 CENTRAL SARASOTA PKWY #725 SARASOTA, FL 34238 US		Mailing Address 4244 CENTRAL SARASOTA PKWY #725 SARASOTA, FL 34238 US	
2. Principal Place of Business 15501 San Carlos Blvd.		3. Mailing Address 246 SW 34th TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT MYERS FL		City & State Cape Coral FL	
Zip 33908	Country USA	Zip 33914	Country USA
6. Name and Address of Current Registered Agent PETER J. JAENSCH IMMIGRATION LAW FIRM, PA 2198 MAIN STREET SARASOTA, FL 34237		7. Name and Address of New Registered Agent Name VICTOR BAPTISTA Street Address (P.O. Box Number is Not Acceptable) 246 SW 34th TERRACE City Cape Coral FL Zip Code 33914	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 11-20-06	
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAPTISTA, VICTOR 4244 CENTRAL SARASOTA PKWY #725 SARASOTA, FL 34238 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAPTISTA, VICTOR 246 SW 34th TERRACE CAPE CORAL FL 33914 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUMBERSTON, DONALD E 1257 LUCAYA AVENUE VENICE, FL 34285 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAPTISTA, MICHAELA M. 246 SW 34th TERRACE CAPE CORAL FL 33914 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500082101186 11/28/06--01036--006 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2006 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 11-20-06 239-466-6200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	