

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC 20 AM 10:19

DOCUMENT # L08000102725

1. Limited Liability Company's Name

VenexcORP USA, LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

3605 NE 207 Street

Suite, Apt. #, etc.

suit 4310

City & State

Aventura, FL 33180

Zip

33180

Country

USA

3. Mailing Office Address

3605 NE 207 St (same)

Suite, Apt. #, etc.

suit 4310

City & State

Aventura, FL

Zip

33180

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11-3-2008

6. FEI Number

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

Alfred Brodner

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

3605 NE 207 St

Suite, Apt. #, Etc.

4310

City

Aventura

State

FL

Zip Code

33180

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Alfred Brodner

REGISTERED AGENT MUST SIGN

Date 12-16-09

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	Alfred Brodner	3605 NE 207 St, #4310	Aventura, FL, 33180

200163912352

12/14/09--01022--016 **30.00

200163912352

12/23/09--01011--002 **108.75

REINSTATEMENT 2009

11. E-mail Address AlfredBrodner@hotmail.com

(To be used for future annual report notifications)

12. 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

Alfred Brodner

Date 12-16-09

Daytime Phone #

954-554-2799

Typed or printed name of signing Managing Member/Manager

Alfred Brodner



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 DEC 22 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 15, 2009

ALFRED BRODNER
3605 NE 207 ST
4310
AQVENTURA, FL 33180

SUBJECT: VENEXCORP USA LLC
Ref. Number: L08000102725

We have received your document for VENEXCORP USA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The total amount due to reinstate is \$238.75.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 709A00038144