

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 20 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 45817**

1. Corporation Name

VENDARE DEVELOPMENT CORP.

400025070654
11/26/03--01040--031 **500.00
400025070654
11/26/03--01040--029 **461.25

2. Principal Office Address

4801 S. UNIVERSITY DR.

3. Mailing Office Address

Suite, Apt. #, etc.

219

Suite, Apt. #, etc.

City & State

DANIE, FLORIDA

City & State

Zip

33328

Country

BROWARD

Zip

Country

REINSTATEMENT 91-03

4. Date Incorporated or Qualified
To Do Business in Florida

01-24-1990

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DENNIS V. JOHNSON

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

5200 N. FEDERAL HWY

Suite, Apt. #, Etc.

#2

City

FT. LAUDERDALE

State

FL

Zip Code

33308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date **11.19.03**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	JAMES WALLACE	1262 S. GABRIEL STREET # 2-1177	HOLLYWOOD, FL 33020

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11.19.03

Daytime Phone #

954-491-7954

CR2E081 (10/02)