

APPROVED  
AND  
FILED

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1997 MAR 17 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L74839

1. Corporation Name  
**CASVENT Corp.**

Principal Place of Business

### Mailing Address

9651 SW 17th St.  
MIAMI, FL. 33165

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/24/90

Suite Apt #, etc

Suite, Apt #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required  
for a Certificate of Status**

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	WILFREDO H. VENTURA	901 SW 17th St	Miami, FL 33145
			700002117877--0
			-03/19/97--01059--007 ***1253.75 ***1253.75
			<div data-bbox="904 1291 1295 1327" data-label="Text"> <p><b>REINSTATEMENT</b></p> </div> <div data-bbox="1295 1232 1469 1327" data-label="Text"> <p>4/97 3/10/97</p> </div>

### 8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

ORLANDO VENTURA  
1918 SW 57 AVE  
MIAMI, FL 33155

Name WILFRADO M. YOUNG  
Street Address (P.O. Box Number is Not Acceptable) 9651 SW 17th St  
Suite, Apt. #, Etc. \_\_\_\_\_  
City Miami,

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03/08/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILFRIDO M. VONNA - Pres

03/04/97  
Date

(317) 478-0845

CR2F040 (12/98)