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CORPORATION REINSTATEMENT FOR STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS DOCUMENT # L - 76630 1. Corporation Name Venture Products International Inc. Venture Products International Inc. 2. Principal Office Address 1213 McMullen Booth Rd 1213 McMullen Booth Rd. Suite, Apt. #, etc. 4. Date incorporated or Qualified Inc. Inc. Division Office Address 2. Principal Office Address 3. Mailing Office Address 2. Principal Office Address 3. Mailing Office Address 3. FEI Number 3	ATE RIDA
1. Corporation Name Venture Products International, Inc. 2. Principal Office Address 1213 McMullen Booth Rd. Suite, Apt. #, etc. City & State Clearwater FL Zip 33759 Country 38759 Country 38759 Country 38759 Country Clearwater, FL Zip 38759 Country	Applied For Not Applicable
1. Corporation Name Venture Products International, Linc. 2. Principal Office Address 1213 Mc Mullen Booth Rd 1213 McMullen Booth Rd. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To De Business in Florida To De Business of Current Registered Agent 7. Name and Address of Current Registered Agent Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) To De Business of Current Registered Agent Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) To De Business of Current Registered Agent Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) To De Business of Current Registered Agent Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) To De Business of Current Registered Agent Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) To De Business of Current Registered Agent Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) To De Business of Current Registered Agent Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) To De Business of Current Registered Agent Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) To De Business of Current Registered Agent Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) To De Business of Current Registered Agent Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) To De Business of Current Registered Agent Name Nam	Applied For Not Applicable
2. Principal Office Address [313 M Mullen Both Rd 1213 M Mullen Both Rd.] Suite, Apt. #, etc. City & State Clear water, FL Zip 3. Mailing Office Address Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED IN Name Varen McLeod 7. Name and Address of Current Registered Agent Name Varen McLeod 1. Street Address (P.O. Box Number is Not Acceptable) 1. J. 13 Mc. Mullen. Booth Roz Suite, Apt. #, Etc. City Clearwater 6. State Zip Code 1. State Zip Code State Zip Code 1. State Zip Code	Applied For Not Applicable
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City & State City & State City & State Clear water, FL Zip 33759 Country 7. Name and Address of Current Registered Agent Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) 12/12/00-01/14 Suite, Apl. #, Etc. City City Clear water, FL Zip 7. Name and Address of Current Registered Agent TODDDE: 45887 12/12/00-01/14 ***1358.75 ***3 Suite, Apl. #, Etc. City Clear water City Clear water FL Signature of Registered Agent Todde ***1358.75 ***3 ***3000 ***10000 ***10000 ***10000 ***10000 ***10000 ***10000 ***10000 ***100000 ***10000 ***10000 ***10000 ***10000 ***10000 ***10000 ***10000 ***10000 ***10000 ***10000 ***10000 ***10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ***10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****10000 ****100000 ****100000 ****100000 ****100000 ****100000 ****100000 ****100000 ****100000 ****100000 ****100000 ****100000 ****1000000 ****1000000 ****10000000 ****100000000	Applied For Not Applicable
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Zip 33 75 9 Country 35 75 Name and Address of Current Registered Agent Name Koren McLeod 7000000000000000000000000000000000000	tional Fee required tilicate of Status
Name Karen McLeod Street Address (P.O. Box Number is Not Acceptable) -12/12/00-0104: -12/12/00-0104: ***1358.75 *** Suite, Apt. #, Etc. City Clearwater State City Clearwater State State FL 33.759 Begistered Agent Date 1/35/00	
Street Address (P.O. Box Number is Not Acceptable) -12/12/00-0104: -12/12/00-	
Street Address (P.O. Box Number is Not Acceptable) 12/12/000104 ***1358.75 *** Suite, Apt. #, Etc. City City Clear-Water State Zip Code FL 3-3.759 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 Date 12/12/000104 ***1358.75 *** Date 13/12/000104 ****1358.75 *** Date	2-2
Suite, Apt. #, Etc. City Clearwater State State Zip Code 33.759 8. 1, 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 Date 1135000	2- -0 14
Clearwater Clearwater FL 33.759 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 Date LI 35 000	*1 335 8.75
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 Date 1 35 0 =	
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	CBSERR1 (9/00
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	
P/T/ John McLeod 27 Mulvaney Street Asheville, NC:	£6886
1, 10,101	£0836
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TESTISIAI EVERNI 76-00	
10. 1 certify that 1 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 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. 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 inform 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 Daytime Pho	that when filing S., that all fees