

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAY 24 PM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L97-1130

1. Limited Liability Company's Name

VENTECH LAND DEVELOPMENT, L.C.

2. Principal Office Address

16314 Villarreal De Avila

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33613

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33613

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

59-3584538

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

VANESSA N. COHN, ESQUIRE

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

705 W. Azeele Street

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code

33606

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

*Vanessa N. Cohn*  
VANESSA N. COHN

Date

5/23/00

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
Mgr.	Simon Sinnreich	16314 Villarreal de Avila	Tampa, FL 33613
Mgr.	Joseph Massicotte	5904 Hammock-Wood Dr.	Odessa, FL 33556
			100003273641-4 -06/01/00--01060--006 ****250.00 ****250.00

11. 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

*Simon Sinnreich*  
SIMON SINNREICH

Date 5/23/00

Daytime Phone # 813 495-7695

Typed or printed name of signing Managing Member/Manager