PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

1999-2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 AUG 16 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L97000001405

1. Limited Liability Company's Name

Venture Place of Wellington, LLC

2. Principal Office Address	**3.** Mailing Office Address
12594 Mallet Drive	12594 Mallet Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Wellington, FL	Wellington, FL

Zip	Country	Zip	Country
33414	USA	33414	USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida 12/15/97

6. FEI Number 65-0803448 | Applied For | Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Diane V. McGeogh

Street Address (P.O. Box Number is Not Acceptable)
12594 Mallet Drive

Suite, Apt. #, Etc.

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****205.00 ****205.00

City
Wellington

State FL

Zip Code 33414

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 _____ REGISTERED AGENT MUST SIGN Date 07/20/00

CR2E041 (9/99)

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	Diane V. McGeogh	12594 Mallet Drive	Wellington, FL 33414
		REINSTATEMENT 1999-2000	

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 _____ Date 07/10/00 Daytime Phone # 561-798-0238

Typed or printed name of signing Managing Member/Manager Diane V. McGeogh