

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 MAR 12 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000000521**

1. Limited Liability Company's Name

VENTURE FUND MANAGEMENT, LLC

2. Principal Office Address

205 WORTH AVE.

Suite, Apt. #, etc.

201

City & State

PALM BEACH, FL

Zip

33480

Country

USA

3. Mailing Office Address

POB 2753

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

Zip

33480-2753

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

JAN. 27, 1999

6. FEI Number

59-3577337

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

THOMAS ROSS

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

205 WORTH AVE.

Suite, Apt. #, Etc.

201

City

PALM BEACH

State

FL

Zip Code

33480

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **MARCH 8, 2001**

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	THOMAS H. ROSS	205 WORTH AVE. #201	PALM BEACH, FL 33480

REINSTATEMENT

*00-01 cus
dec*

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

[Signature]

Date **3/8/01**

Daytime Phone # **(561) 624-4031**

Typed or printed name of signing Managing Member/Manager

THOMAS H. ROSS