

# L99000003982

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <b>CORPORATION REINSTATEMENT</b>  |                                   | <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |                    | FILED<br>08 NOV 18 AM 9:45<br>DIVISION OF STATE<br>TALLAHASSEE, FLORIDA<br><br>CR2E081 (10/08) |
|---|-----------------------------------|---|--------------------|--|
| DOCUMENT # L99000003982   |                                   |   |                    |  |
| 1. Corporation Name<br>Acquisition Ventures I, L.L.C.   |                                   |   |                    |  |
| 2. Principal Office Address - No P.O. Box #<br>533 S. Howard Avenue<br>Suite, Apt. #, etc.<br>PMB #853<br>City & State<br>Tampa, FL<br>Zip<br>33606   |                                   | 3. Mailing Office Address<br>533 S. Howard Avenue<br>Suite, Apt. #, etc.<br>PMB #853<br>City & State<br>Tampa, FL<br>Zip<br>33606 |                    |  |
| 4. Date Incorporated or Qualified To Do Business in Florida 7/1/99  |                                   | 5. FEI Number<br>59-3589991   |                    |  |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>  |                                   | \$6.75 Additional Fee required for a Certificate of Status  |                    |  |
| 7. Name and Address of Current Registered Agent   |                                   |   |                    |  |
| Name<br>Riverson S. Leonard   |                                   |   |                    |  |
| Street Address (P.O. Box Number is Not Acceptable)<br>533 S. Howard Avenue  |                                   |   |                    |  |
| Suite, Apt. #, Etc.<br>SPMB #853  |                                   |   |                    |  |
| City<br>Tampa   |                                   | State<br>FL   |                    |  |
| Zip Code<br>33606   |                                   | Date<br>11/18/08  |                    |  |
| 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<br>   |                                   |   |                    |  |
| REGISTERED AGENT MUST SIGN  |                                   |   |                    |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   |                                   |   |                    |  |
| Titles  | Name of Officers and/or Directors | Street Address of Each Officer and/or Director  | City / State / Zip |  |
| MGR   | Riverson S. Leonard               | 533 S. Howard Avenue #853   | Tampa, FL 33606    |  |
| <b>REINSTATEMENT 2002-200</b>   |                                   |   |                    |  |
| 0001381838 00<br>11/21/08 01045 011 ***1076.25  |                                   |   |                    |  |
| 10. I certify that I am an officer or director of 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 contained in Chapter 119, 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:  |                                   | Riverson S. Leonard, Mgr 11/18/08 727-480-9080  |                    |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   | Date Daytime Phone #  |                    |  |