PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 OCT 21 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300184914123
08/31/10--01037--005 **243.75

CR2E041 (05/10)

DOCUMENT # M09000000823

1. Limited Liability Company's Name

Providence Capital Ventures, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
240 Crandon Boulevard		240 Crandon Boulevard	
Suite, Apt. #, etc.: Suite 228		Suite, Apt. #, etc.: Suite 228	
City & State: Key Biscayne, FL		City & State: Key Biscayne, FL	
Zip: 33149	Country: USA	Zip: 33149	Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: February 9, 2009

6. FEI Number: 26-4266708 ☑ 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: Antonio Buzaneli

Street Address (P.O. Box Number is Not Acceptable): 240 Crandon Boulevard

Suite, Apt. #, Etc.: Suite 228

City: Key Biscayne State: FL Zip Code: 33149

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: August 25, 2010

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	Antonio Buzaneli	240 Crandon Boulevard Suite 228	Key Biscayne, FL 33149
	REINSTATEMENT		
	2010 -10		

N. CAUSSEAUX
S. HAWKES
SEP 01 2010
OCT 22 2010
EXAMINER
EXAMINER

Amount Due 538.75
100.00 for RA
5.00
643.75
+ 143.75 pd
1800
10 IAH pueno

11. E-mail Address: alopez@provcos.com (To be used for future annual report notifications)

12. 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: August 25, 2010 Daytime Phone #: 786-866-5824 Ext 120

Typed or printed name of signing Managing Member/Manager: Antonio Buzaneli