

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

00 MAY 10 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

M40133

1. Corporation Name

U.S. Venex, Inc.

2. Principal Office Address

851 Heritage

Suite, Apt. #, etc.

City & State

Weston, Fla

Zip

33326

Country

Broward

3. Mailing Office Address

20911 Johnson St

Suite, Apt. #, etc.

Pembroke Pines

City & State

Unit 131

Zip

33029

Country

Broward

**REINSTATEMENT 98-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/86

5. FEI Number

59-2725784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Marvin W. Lewis

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

799 Brickell Plaza

Suite, Apt. #, Etc.

702

City

Miami

State

FL

Zip Code

33131

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

Marvin W. Lewis

Date 5/8/00

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
Pres. Director	Hector De Lima	851 Heritage	Weston, Fla 33326

10. I certify that I am an officer or director or 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 under section 119.07(3)(i), 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:

SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector De Lima

Date

5/8/00

Daytime Phone #

(954) 384-8685