

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

N000000004182
P-3 VENTURES, INC.

FILED

01 OCT 15 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/30/01--01064--006

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2. Principal Office Address

5438 DuBOIS AVE

Suite, Apt. #, etc.

1

City & State

PORT ORANGE FL

Zip

32120

Country

USA

3. Mailing Office Address

PO Box 9987

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL

Zip

32120-9987

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/21/2000

5. FEI Number

59-3663309

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

BONNIE MACFADYEN

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

5438 DuBOIS AVENUE

Suite, Apt. #, Etc.

City

PORT ORANGE, FL

State

FL

Zip Code

32127

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

Bonnie MacFadyen
REGISTERED AGENT MUST SIGN

Date

10/8/01

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
P/D	NITA SCHMELICK	411 GLEN ABBEY LANE	DEBARY, FL 32713
P/D	BONNIE MACFADYEN	5438 DuBOIS AVENUE	PORT ORANGE, FL 32127
D	LINDA J. RIVERS	2575 JOHN ANDERSON DRIVE	ORMOND BEACH, FL 32176
			MW

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie MacFadyen BONNIE MACFADYEN

Date

10/8/01

Daytime Phone #

386-212-6543

CR2001 (W00)