


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N31598		
1. Entity Name VENICE HIGH SCHOOL FOUNDATION, INC.		

Principal Place of Business CANDACE MILLINGTON, VENICE HIGH SCHOOL 1 INDIAN AVE. VENICE, FL 34285	Mailing Address C/O CANDACE MILLINGTON, PRINCIPAL 1 INDIAN AVE. VENICE, FL 34285
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
BRITTON, ANDREW J 151 CENTER ROAD 401 Johnson La., Suite 102 VENICE, FL 34285	

FILED

2008 FEB 12 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

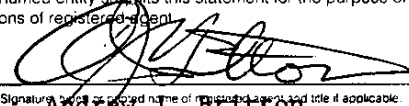


01282008 REIN-NP CR2E099 (1/07) 708

4. FEI Number 65-0127187	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Britton, Andrew J.	
Street Address (P.O. Box Number is Not Acceptable) 401 Johnson La., Suite 102	
City Venice	Zip Code FL 34285

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.


SIGNATURE  1/28/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MILLINGTON, CANDACE 1 INDIAN AVENUE VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRITTON, ANDREW J 151 CENTER ROAD 401 Johnson La, Ste 102 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP Andrew J. Britton 34285 401 Johnson La., Suite 102, Venice, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINDELL, KIM 1 INDIAN AVENUE VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWRY, WILLIAM 1 INDIAN AVENUE VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100117826781 02/12/08--01015--004 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  1/28/08 (941) 408-8008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew J. Britton, President

B Mitchell FEB 12 2008