

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

PS 182

DOCUMENT #

1. Corporation Name

Venture Tek of the Emerald Coast, Inc.

FILED

01 OCT -2 PM 4:33

Principal Place of Business

Mailing Address

415 HARRISON AVE

PANAMA CITY, FL 32401

415 HARRISON AVE

PANAMA CITY, FL 32401

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600004627386--2

-10/08/01--01079--013

****150.00 ****150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. BOX 168

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 168

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

2/17/2000

City & State

PANAMA CITY FL

City & State

PANAMA CITY FL

Zip

32402

Country

USA

Zip

32402

Country

USA

5. FEI Number

59-3628089

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	RICHARD A. PRICE	809 BALBOA AVENUE	PANAMA CITY, FL 32401
S	BRIAN L. HUMBOLOT	111 HARRISON AVENUE	PANAMA CITY, FL 32401
D	SEAN D. MCNEIL	416 JENKS AVENUE	PANAMA CITY, FL 32401

8. Name and Address of Current Registered Agent

Timothy J. Sloan, Esq.
427 McKenzie Ave.
Panama City, FL 32401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

T. Sloan

REGISTERED AGENT MUST SIGN

Date 10/01/01

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

RICHARD A. PRICE, PRESIDENT

10/01/01

Date

850-784-4350

Daytime Phone #

Pg 282

Venture Tek of the
Emerald Coast, Inc.



P.O. Box 168
Panama City, Florida 32402

Phone: 850-784-4350
Cell: 850-814-0264
Fax: 850-814-0264

October 1, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sir/Madam:

Please for enclosed an *Application for Reinstatement* for Venture Tek of the Emerald Coast, Inc. We would appreciate your assistance in the timely reinstatement of our corporation.

We would also respectfully request that any fees and/or penalties for reinstatement be waived. Our corporation did not receive the paperwork required to be filed with your office and therefore could not comply with those requirements.

We sincerely appreciate your consideration in this matter. If you have questions or if there is additional information required, please do not hesitate to call.

Sincerely,
Venture Tek of the Emerald Coast, Inc.

Richard A. Price
President

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/ST/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- VENTURE TEK OF THE EMERALD COAST, INC.

2-

3-

4-

RECEIVED
01 OCT -21 PM 1:55
DIVISION OF CORPORATION

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SEE
LETTER
ATTACHED

Examiner's Initials