FILED
02 JUN 26 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000020379

1. Corporation Name

VentureTech Partners, Inc.

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
158 Turtle Creek Drive	158 Turtle Creek Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tequesta, FL	City & State: Tequesta, FL
Zip: 33469 Country: USA	Zip: 33469 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/28/00

5. FEI Number: 65-0986319 ☐ 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

300006105733--4
06/28/02--01053--019
****908.75 ****908.75

Name: Michael Zambouros

Street Address (P.O. Box Number is Not Acceptable): 158 Turtle Creek Drive

Suite, Apt. #, Etc.:

City: Tequesta State: FL Zip Code: 33469

CR2E091 (9/01)

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: _____ Date: _____
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
D, P S, T	Michael Zambouros	158 Turtle Creek Drive	Tequesta, Fl 33469

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: _____ Michael Zambouros, President _____ 561-351-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Name: Michael Zambouros
Street Address (P.O. Box Number is Not Acceptable): 158 Turtle Creek Drive
Suite, Apt. #, Etc.:
City: Tequesta State: FL Zip Code: 33469

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: [signature] REGISTERED AGENT MUST SIGN Date:

CR2E031 (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
D, P S, T	Michael Zambouros	158 Turtle Creek Drive	Tequesta, Fl 33469

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SIGNATURE: [signature] Michael Zambouros, President Date 561-351-7000 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR