

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 with the line for
 Secretary of State
 DIVISION OF CORPORATIONS

2001032

102

FILED

01 NOV 28 PM 12:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000050414

1. Corporation Name

A. VENTO ASSOCIATES INC.

Principal Place of Business

Mailing Address

616 ~~MOFFET~~ ST STE 5
 HALLANDALE FL 33009

616 ~~MOFFET~~ ST STE 5
 HALLANDALE FL 33009

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

2. New Principal Office Address, If Applicable

616 MOFFET ST.

Suite, Apt. #, etc.

SUITE #5

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

616 MOFFET ST

Suite, Apt. #, etc.

SUITE #5

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/17/2000

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

72401 90041/034 \$1550.00

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	VENTO, ARSENIO	616 MOFFET ST STE 5 MOFFET	HALLANDALE FL 33009

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VENTO, ARSENIO
 616 MOFFET STREET NO 5
 HALLANDALE FL 33009

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/20/01

11. 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: X

[Signature] ARSENIO VENTO,
 PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 816-5843
11/20/01

CR2E040 (8/01)

2002

THOMAS J. TARANGELO
Attorney at Law

1011 North 46th Avenue
Hollywood, Florida 33021-5319

Telephone: 954.989.9242
Facsimile: 954.989.5335

November 19, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT SECTION
P.O. Box 6327
Tallahassee, FL 32314

Re: *A. VENTO ASSOCIATES, INC.*
Document No. P00000050414

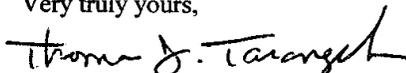
To Whom It May Concern:

The purpose of this letter is to inform you that Arsenio Vento, principal of the above-referenced corporation, states that he has never received a letter indicating that the most recent annual report was rejected due to failure to include a Federal Employment Identification Number. (Please note that the street address for the corporation is listed incorrectly in your records.) Your office still remains in receipt of \$550.00, which accompanied the original 2001 annual report.

Accordingly, Mr. Vento requests that the corporation be reinstated, and further requests that the reinstatement fee be waived. A photocopy of the Application for EIN accompanies this application for reinstatement.

Should you have any questions, please do not hesitate to contact this office at 954.989.9242. I thank you for your assistance in this matter.

Very truly yours,



Thomas J. Tarangelo

Encl.