

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



2001082  
FLORIDA DEPARTMENT OF STATE  
In the Office of the  
Secretary of State  
DIVISION OF CORPORATIONS

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

7/24/01 90041/034 \$1550.00  
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

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

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

8. Name and Address of Current Registered Agent

VENTO, ARSENIO  
616 MOFFET STREET NO 5  
HALLANDALE FL 33009

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARSENIO VENTO,  
PRESIDENT

Date

Daytime Phone #

11/20/01

(954)  
816-5843

2002

**THOMAS J. TARANGELO**  
Attorney at Law

1011 North 46<sup>th</sup> 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*

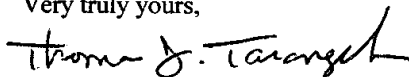
To Whom It May Concern:

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.