

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -5 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000103844

1. Corporation Name

LMS VENTURES, INC.
16825 97th Way North
Jupiter, FL 33478

2. Principal Office Address

16825 97th Way North

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33478

Country

US

3. Mailing Office Address

16825 97th Way North

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33478

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/02/2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kenneth M. Weitz

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

16825 97th Way North

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33478

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***750.00 ***750.00

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

KENNETH M. WEITZ

REGISTERED AGENT MUST SIGN

Date 10/25/01

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
DPST	Kenneth M. Weitz	16825 97th Way North	Jupiter, FL 33478

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:

Kenneth Weitz, president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH M. WEITZ, PRESIDENT

10/25/01 561-496-7899
Date Daytime Phone #

CR2E001 (9/00)