

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

American Ventures Unlimited, Inc.

2. Principal Office Address

952 Wesson Drive

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Casselberry, Florida

City & State

Casselberry, Florida

Zip

32707

Country

Seminole

Zip

32707

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

1-2-18-2000

5. FEI Number

59-3686652

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

Name

Jack Pennel

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

952 Wesson Drive

Suite, Apt. #, Etc.

City

Casselberry, Florida

State

FL

Zip Code

32707

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

Jack Pennel
REGISTERED AGENT MUST SIGN

Date

3/4/04

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
P/V/D	Jack Pennel	952 Wesson Drive	Casselberry, Fl. 32707
S/T	Jack Pennel	952 Wesson Drive	Casselberry, FL. 32707

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Pennel

Date

3/4/04

Daytime Phone #

407-695-6359

CR2E081 (01/04)