

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000116449

1. Corporation Name

D.G. VENTURE, INC

FILED

06 OCT 10 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

13833 WELLINGTON TRACE

3. Mailing Office Address

13833 WELLINGTON TRACE

Suite, Apt. #, etc.

E-4 #161

Suite, Apt. #, etc.

E-4 #161

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2001

5. FEI Number

65-1157366

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

DARREN GRAZIANO

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

13833 WELLINGTON TRACE

Suite, Apt. #, Etc.

E-4 #161

City

WELLINGTON

State
FL

Zip Code

33414

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

Aug. 28, 2006

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	DARREN GRAZIANO	13833 WELLINGTON TRACE E-4, #161	WELLINGTON, FL 33414

000081205110
10/25/06--01059--012 **1200.00

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 28, 2006
Date

(908) 72-1371
Daytime Phone #