

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000061972

1. Corporation Name

VENNUM & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~0670 KNIGHTSBRIDGE CIR~~
~~SARASOTA FL 94238~~

~~0579 KNIGHTSBRIDGE CIR~~
~~SARASOTA FL 94238~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4328 Brandywine Drive
Suite, Apt. #, etc.

4328 Brandywine Drive
Suite, Apt. #, etc.

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip 34241 Country USA

Zip 34241 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/2001

5. FEI Number

65-1121874

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
PD	VENNUM, RALPH E III	0579 KNIGHTSBRIDGE CIR	SARASOTA FL 94238
		4328 Brandywine Drive	SARASOTA, FL 34241

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VENNUM, RALPH E III
~~0579 KNIGHTSBRIDGE CIR~~
~~SARASOTA FL 94238~~

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

Ralph E. Venum III

REGISTERED AGENT MUST SIGN

Date 12/5/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph E. Venum III RALPH E. VENNUM III

Date

12/5/03 941-342-0119

Daytime Phone #

December 9, 2003

Florida Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Venum & Associates, Inc.
P0100061972

Dear Sir or Madam,

Please find the enclosed Annual Report for the above-referenced corporation. We changed our office location and never received the renewal notice for our corporation. Our accountant brought the administrative dissolution of our corporation to our attention while he was performing an audit on our records. There was no intentional disregard for our responsibility to file. Therefore, we respectfully request an abatement of all penalties and reinstatement of our corporation. I have included a check for the renewal fee.

Thank you for your assistance in this matter. If you have any questions or concerns, please do not hesitate to call me.

Best regards,

A handwritten signature in black ink, appearing to read "Ralph E. Venum". The signature is fluid and cursive, with the first name "Ralph" being more prominent.

Ralph Venum

Enclosure