

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 22 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000077791

1. Corporation Name

ADVENTUROUS VENTURES, INC.

Principal Place of Business

5153 ARBOR GLEN CIRCLE  
LAKE WORTH FL 33463

Mailing Address

5153 ARBOR GLEN CIRCLE  
LAKE WORTH FL 33463

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

2. New Principal Office Address, If Applicable

34 MAPLEWOOD CT.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

34 MAPLEWOOD CT.  
Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

City & State

BOYNTON BEACH, FL.

Zip

33426

Country

U.S.A.

Zip

33426

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

08/08/2001

5. FEI Number

65-1132548

☒ 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
PSTD	JOHNSON, PAUL G	5153 ARBOR GLEN CIRCLE	LAKE WORTH FL 33463

500024014905  
10/22/03--01055--021 \*\*150.00

8. Name and Address of Current Registered Agent

JOHNSON, PAUL  
5153 ARBOR GLEN CIRCLE  
LAKE WORTH FL 33463

SAME  
AGENT  
NEW  
ADDRESS

9. Name and Address of New Registered Agent

Name PAUL G. JOHNSON  
Street Address (P.O. Box Number is Not Acceptable)  
34 MAPLEWOOD COURT  
Suite, Apt. #, Etc.  
City BOYNTON BCH., FL. State FL Zip Code 33426

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

REGISTERED AGENT MUST SIGN

Date 10-17-03

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

PAUL G. JOHNSON

Date

10-17-03

Daytime Phone #

(561)  
586-8366

CR2040 (7/03)

Dated 10/20/03

To Dept of State  
From Adventurous Ventures Inc.  
Paul Johnson/President

Due to a recent move from Lake Worth to Boynton Beach renewal information about our corporation was not forwarded to our new address at 34 Maplewood Ct. Boynton Beach, FL 33426. I called and spoke to your office on 10/17/03 after receiving reinstatement materials. After explaining the situation I was instructed to fill out the reinstatement form, pay the \$150.00 fee and explain in writing what happened. I sincerely appreciate waiving the reinstatement fees. Thanks again.

Sincerely Paul G Johnson  
President of Adventurous Ventures Inc.

A handwritten signature in dark ink, appearing to read 'Paul G. Johnson', with a long horizontal stroke extending to the right.