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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000095987

1. Corporation Name

VENTURE CAPITAL FUNDING

2. Principal Office Address

21374 Bridge View Dr

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33428

Country

USA

3. Mailing Office Address

21374 Bridge View Dr

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

33428

Country

USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

REINSTATEMENT

03-04
MRS

400035718704

05/06/04--01064--024 **150.00

11/4/03 01015 014 * 300.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2001

5. FEI Number

65-1143592

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

Steven W. Tow

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

21374 Bridge View Drive

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33428

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

REGISTERED AGENT MUST SIGN

Date

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
D/P/S/T	Steven W. Tow	21374 Bridge View Dr.	Boca Raton, FL 33428

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:

Steven W. Tow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-04

Daytime Phone #

CR2E081 (01/04)

ACCOUNTING

STAHL
& ASSOCIATES

TAX PREPARATION

May 14, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Attn: Ruby Dunlop
850-245-6059
850-245-6017 FAX

Re: Venture Capital Funding
Doc #: P01000095987

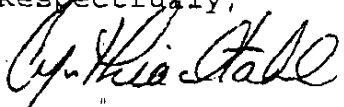
Dear State of Florida,

This letter is to explain that the taxpayer, Venture Capital Funding, has been requesting a reinstatement of it's Florida Uniform Business Report.

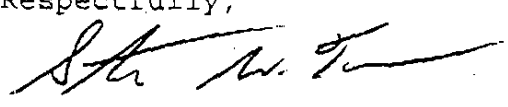
The taxpayer never received the State's letter 11/7/03 requesting a correction to be made on the form. Therefore it is respectfully requested that the reinstatement fee be waved.

Secondly, the corporation double paid it's 2002 UBR and at this time request's a refund.

Respectfully,


Cynthia Stahl, Accountant

Respectfully,


Steven w. Tow, Pres.