

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 DEC 31 PM 4:05

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P020000 24347

1. Corporation Name

NORA E. VENTURA P.A.

2. Principal Office Address - No P.O. Box #  
1620 S. OCEAN BLVD.

3. Mailing Office Address  
1620 S. OCEAN BLVD

Suite, Apt. #, etc.

15E

Suite, Apt. #, etc.

15E

City & State

LAUDERDALE BY THE SEA  
FLORIDA

City & State

LAUDERDALE BY THE SEA  
FLORIDA

Zip

33062

Country

BROWARD

Zip

33062

Country

BROWARD

REINSTATEMENT 11-12

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

02-22-2002

5. FET Number

050562992

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

ACTIVE

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NORA E. VENTURA

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

1620 S. OCEAN BLVD.

Suite, Apt. #, Etc.

15E

City

LAUDERDALE BY THE SEA

State

FL

Zip Code

33062

600243195546  
12/31/12--01055--008 \*\*900.00

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

*Nora Ventura*

Date

12/27/2012

REGISTERED AGENT-MUST SIGN

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	NORA E. VENTURA	1620 S. OCEAN BLVD. 15E	LAUDERDALE BY THE SEA FL 33062

JAN 03 2013

T. CAULEY

10. E-mail Address: noelventura@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Nora Ventura*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2012

Date

(954)441-1991

Daytime Phone #