PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
REINSTATEMENT Secre			DEPARTMENT OF STATE ecretary of State		FILED 08 MAR 14 AM 8: 13		
DOCUMENT # P02000041507 1. Corporation Name				GLUNETARY OF STATE TALLAHASSEE, FLORIDA			
BECKY MARTEL VENTURES, INC.							
4.1080000 HOG3				DEIMORATHAN			
2. Principa	al Office Address - No P.O. Box #	3. Mailing Office Ad	-		REINSTATEMENT 06-08		
***************************************		601 Putter Lane		CR2E081 (12/07)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 4/17/2002			
City & State		City & State Longboat Key, Florida		5. FEI Number Applied For			
Zip	Country	Zip Zip	Country	510448923 Not Applicable			
34228	USA	34228	USA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of Statu		Additional Fee required a Certificate of Status	
Name Rebecca Martel-Parsons Street Address (P.O. Box Number is Not Acceptable) 601 Putter Lane Suite, Apt. #, Etc. City Longboat Key, Florida 7. Name and Address of Current Registered Agent State Rebecca Martel-Parsons Street Address (P.O. Box Number is Not Acceptable) State FL Zip Code 34228				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Signature of Registered Agent Published Agent MUST SIGN REGISTERED AGENT MUST SIGN Recommended the obligations of section 607.0505 or 617.0503, F.S. Date February 26, 2008						008	
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		
DPST	Rebecca Martel-Parsons	601	Putter Lane		Longboat Key, Florid	a 34228	
DVP	Andrew James Parson	s 601	Putter Lane	Longboat Key, FL 34228			
	403/17				 		
	A THREAT ()			02/29/0801043004 **300.00			
	REINSTATENTE VI			900119140189 03/26/0801026013 **150.00			
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 filling 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: Chapter 119, F.S. The information indicated and the names of individuals listed on this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason 607.0401 or 617.0401, F.S., that all fees over 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: Chapter 119, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporation as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application for inchapter 607 or 617, F.S. I further certify that when filling this reinstatement application for inchapter 607 or 617, F.S. I further certify that when filling this reinstatement application for inchap							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							