

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 22 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105872

1. Corporation Name

VENICE POSTAL SERVICES INC
997 B. N. TAMiami TRAIL
NOKOMIS, FL 34275.

2. Principal Office Address

997 N. TAMiami TRAIL

3. Mailing Office Address

997 N. TAMiami TRAIL

Suite, Apt. #, etc.

UNIT B

Suite, Apt. #, etc.

UNIT B

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34275

Country

USA

Zip

34275

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2ND OCT 2002

5. FEI Number

13-4220732

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

UNITED BUSINESS SERVICES INC

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

6210 N. LOCKWOOD RIDGE ROAD

500025361969

12/09/03-01076-012 **760.00

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34243

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-4/03

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
PRESIDENT	L. MADDAMS	802 CORAL BEAM LOVE	VENICE, FL
VICE- PRESIDENT	S. MADDAMS	LAKES OF JACARANDA	34293

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:

L. Maddams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/02

Date

Daytime Phone #

CR2E081 (10/02)