PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 19 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # P02000127879

1. Corporation Name

Astor Venture Group, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8930 W State Rd 84	10731 Hawks Vista St
Suite, Apt. #, etc.: #238	Suite, Apt. #, etc.:
City & State: Fort Lauderdale, FL	City & State: Plantation, FL
Zip: 33324 Country: USA	Zip: 33324 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/04/2002

5. FEI Number: 141850251 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Loomar, L. Gregory

Street Address (P.O. Box number is NOT acceptable): 1152 North University Drive

Suite, Apt. #, Etc.:

City: Pembroke Pines State: FL Zip Code: 333024

☑ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 11/19/2007

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Robert Linett	10731 Hawks Vista St.	Plantation, FL 33324
D	Edith Wollin Linett	10731 Hawks Vista St	Plantation, FL 33324

REINSTATEMENT
04-07

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, that 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 the signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 11/19/2007 954-344-5102

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

ASTOR VENTURE GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,200.00~~

Penalty Fees Waived

= 600.00

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