

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN 21 PM 1:32

DOCUMENT # P02000134241

1. Corporation Name

Optimal Venture Group, Inc.

2. Principal Office Address - No P.O. Box #

341 N.W. 140 St.

Suite, Apt. #, etc.

3. Mailing Office Address

341 N.W. 140 St.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33168

Country

U.S.A.

Zip

33168

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

Reginald Bonhomme

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

341 N.W. 140 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33168

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

Reginald Bonhomme

REGISTERED AGENT MUST SIGN

Date

3/18/10

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	Reginald Bonhomme	341 N.W. 140 St.	Miami, FL 33168
VP	Maguelena Aldophe	341 N.W. 140 St.	Miami, FL 33168
S	Chantal Leonard	341 N.W. 140 St.	Miami, FL 33168

10. E-mail Address: Optimalventuregroup@hotmail.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., 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.

SIGNATURE:

Reginald Bonhomme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/10

Date

Daytime Phone #

(305) 508-8449

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REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida 12/26/02

5. FEI Number 502384149

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

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