

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000016608

1. Entity Name
VENTURE REAL ESTATE SERVICES, INC.



FILED

05 NOV 14 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3621 S. FEDERAL HWY
BOYNTON BEACH, FL 33435

Mailing Address
3621 S. FEDERAL HWY
BOYNTON BEACH, FL 33435



2. Principal Place of Business
1098 MILITARY TRAIL
PO BOX 728
JUPITER, FLORIDA
33468

3. Mailing Address

Suite, Apt. #, etc. SAME

11062005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLINTOCK, HARVEY H
3621 S. FEDERAL HWY
BOYNTON BEACH, FL 33435

Name *Harvey H McClinton*
Street Address (P.O. Box Number is Not Acceptable)

*1098 Military Trail, P.O. Box 728
Jupiter FL 33468*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE

Signature typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/7/05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MCCLINTOCK, HARVEY ☐ Delete
STREET ADDRESS 3621 S. FEDERAL HWY
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE
NAME 1098 MILITARY TRAIL ☐ Change ☐ Addition
STREET ADDRESS PO BOX 728
CITY-ST-ZIP JUPITER, FLORIDA 33468

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 200061415742
CITY-ST-ZIP 11/14/05--01054--013 **150.00

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/05

Date

561-400-1144

Daytime Phone