


12

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 JUN -9 AM 10:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # <u>PO3000038022</u>																																	
1. Corporation Name <u>Venamaica, inc</u>																																	
2. Principal Office Address <u>1000 Manatee Rd, Naples</u> Suite, Apt. #, etc. <u>A204</u> City & State <u>Naples</u> Zip <u>FL 34114</u> Country <u>USA</u>			3. Mailing Office Address <u>(same)</u> Suite, Apt. #, etc. City & State Zip Country 																														
			4. Date Incorporated or Qualified To Do Business in Florida <u>April 3, 2003</u>																														
			5. FEI Number <u>134246462</u> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																														
			6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																														
7. Name and Address of Current Registered Agent																																	
Name <u>JOAN A. Castillo and Mary Castillo</u>																																	
Street Address (P.O. Box Number is Not Acceptable) <u>1000 Manatee Rd #</u>																																	
Suite, Apt. #, Etc. <u>A204</u>																																	
City <u>Naples</u>			State <u>FL</u>		Zip Code <u>34114</u>																												
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 <u>[Signature]</u> Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td><u>Vice</u></td><td><u>MARY CASTILLO</u></td><td><u>1000 Manatee Rd #A204</u></td><td><u>Naples FL 34114</u></td></tr><tr><td><u>P</u></td><td><u>Joan Castillo</u></td><td><u>1000 Manatee Rd #A204</u></td><td><u>Naples, FL 34114</u></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<u>Vice</u>	<u>MARY CASTILLO</u>	<u>1000 Manatee Rd #A204</u>	<u>Naples FL 34114</u>	<u>P</u>	<u>Joan Castillo</u>	<u>1000 Manatee Rd #A204</u>	<u>Naples, FL 34114</u>																
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																														
<u>Vice</u>	<u>MARY CASTILLO</u>	<u>1000 Manatee Rd #A204</u>	<u>Naples FL 34114</u>																														
<u>P</u>	<u>Joan Castillo</u>	<u>1000 Manatee Rd #A204</u>	<u>Naples, FL 34114</u>																														
<u>06/13</u>																																	
300076397323 06/20/06--01064--008 **450.00																																	
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 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 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: <u>[Signature]</u> <u>06/06/06</u> <div style="display: flex; justify-content: space-between;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDateDaytime Phone #</div>																																	

WE MOVED FROM 1140 turtlecreek Blvd #
C112 & we didn't receive the corporation
Reinstatement so please WAIVED the FINE
OR PENALTY. → FROM 2004.

Atte
JOAN. CASTILLO
VENAMATICA INC.

