

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUL 30 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000058710

1. Corporation Name

VENTILATION MARKETING, SERVICES, INC.

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

316 W. CENTRAL AVE.

Suite, Apt. #, etc.

SUITE 606

City & State

WINTER HAVEN, FL

Zip 33880

Country

USA

3. Mailing Office Address

316 W. CENTRAL AVE.

Suite, Apt. #, etc.

SUITE 606

City & State

WINTER HAVEN, FL

Zip

33880

Country

USA

700159121507  
07/31/09--01039--004 \*\*450.00

**REINSTATEMENT** 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

MAY 29 2003

5. FEI Number

11-3690899

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

GARY D. SMITH

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

23 CANTERBURY DRIVE

Suite, Apt. #, Etc.

City

HAINES CITY

State

FL

Zip Code

33844

☒ 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 617.0503, F.S.

Signature of  
Registered Agent

Janice M. Smith  
REGISTERED AGENT MUST SIGN

Date 7-28-2009

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
D	GARY D. SMITH	23 CANTERBURY DR.	HAINES CITY, FL 33844
D	JANICE M. SMITH	23 CANTERBURY DR.	HAINES CITY, FL 33844

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:

Janice M. Smith JANICE M. SMITH

Date

7-28-2009

Daytime Phone #

863-

81300