PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT# P030000 587/0 1. Corporation Name VENTILATION MAKETING, SENVICES IVE 1. Principal Citica Address - No PO. Box 4 3. Mailing Office Address 3.		PORATION STATEMENT		Sec	EPARTMEN cretary of St on of corpor		09 JUL	ILED 30 AM 11:54	
2. Principal Office Address - No P. O. Box # 3. M. M. PETTRAL AVE. 3. Malling Office Address # 3. M. M. CENTRAL AVE. 5. M. T. E. O. M. City & State The Country Country The Coun	DOCUMENT # P030000 58710 1. Corporation Name VEN 71LATION MALKETING, SEKVICES, INC.						Score FALLAT	SCHOOL NAME OF THE PARTY OF THE	
Such Apt. 4, etc. Such Apt. 4,	O District Office Address McDO Books								
SULT E GUB CITY & State WINTER HAVEN, FL UNTER HAVEN FL 11-369899 April Applicable To Do Business in Florida MAY 29 3003 S. FEI Number 11-369899 April Applicable To Do Business in Florida MAY 29 3003 S. FEI Number 11-369899 April Applicable To Do Business in Florida MAY 29 3003 S. FEI Number 11-369899 April Applicable To Do Business in Florida MAY 29 3003 S. FEI Number 11-369899 April Applicable To Do Business in Florida MAY 29 3003 S. FEI Number 11-369899 April Applicable To Do Business in Florida MAY 29 3003 S. FEI Number 11-369899 April Applicable 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. City Not NES CTY FL 33844 S. Losing appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent Titles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officers and/or Director Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) The printing of the registered agent of the above and accept the obligations of section 607.0505 or 817.053, F.S. The Intrins certify that when filing this reinstatement application, the reason for dissolution has been diministed, the corporation news accides by mergination of 07 70401, F.S., The Intrinscention on this application is true and accurate, and my signature shall have the same legal effect as If made under cash. 86 7-	316 W. CENTRAL AVE. 316 W. CENTRA					AL AVE.	REIN	ISTATEMENT 07-09	
Description	SUITE 606 SUIT				To Do Business in Florida MAY 29 2003		ness in Florida MAY 29 2003		
7. Name and Address of Current Registered Agent Name ARY Street Address (P.O. Box Number is Not Acceptable) 2. ANTER BURY DILUE State ZD Code FL 33844 8. I. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 697.0505 or 817.0503, F.S. Signature of Registered Agent ARMS DESCRIPTION Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or	Zip 33880 - Country Zip				Coun	try	6. CERTIFICATE OF STATUS DESIDED \$8.75 Additional Fee required		
Since Address (P.O. Box Number Is Not Acceptable) 3								for a Certificate of Status	
Signature of Registered Agent	Street Address (P.O. Box Number Is Not Acceptable) 23 CANTENBURY DRIVE Suite, Apt. #, Etc. City State Zip Code					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			
Titles Name of Officer and/or Directors Officer and/or Director Officer And Direc	Signature of Registered Agent Date 7-28-2009								
Officer and/or Directors Officer and/or Director Officer and/or Direc	Name of								
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 filling 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.	2ebi T				Officer and/or Director				
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SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davigne Phone #									

