

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVAL
FILED

112

06 SEP 18 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000063412

1. Corporation Name

VENICE'S FINANCIAL INVESTMENT ENTREPRENEURS OF FLORIDA, INC.

2. Principal Office Address

366 Minorca Avenue

Suite, Apt. #, etc.

City & State

Coral Gables

Zip
33134

Country
USA

3. Mailing Office Address

366 Minorca Avenue

Suite, Apt. #, etc.

City & State

Coral Gables

Zip
33134

Country
USA

REINSTATEMENT

04-06

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/04/03

5. FEI Number

680563749

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
Rafael Munoz

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

366 Minorca Avenue

Suite, Apt. #, Etc.

City
Coral Gables

State
FL

Zip Code
33134

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

REGISTERED AGENT MUST SIGN

Date
09/14/06

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
PD	Rafael Munoz	366 Minorca Avenue	Coral Gables, FL 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/14/06

Date

305-461-5556

Daytime Phone #

all
aw