

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 DEC 20 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000063412

1. Corporation Name

Venice's Financial Investment Entrepreneurs of Florida INC.

2. Principal Office Address - No P.O. Box #
366 Minorca Avenue

3. Mailing Office Address
366 Minorca Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Gables

City & State
Coral Gables

Zip
33134

Country
USA

Zip
33134

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 06/04/03

5. FFI 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

☐ 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

Date 12/17/07

REGISTERED AGENT MUST SIGN

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

12/17/07

Date

7866249379

Daytime Phone #

December 17, 2007

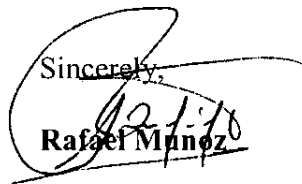
Department of State, Division of Corporations, P.O. Box 6327
Tallahassee, Florida 32314.

**Re: Non-Receipt of Annual Report Notice for Venice's Financial Investment
Entrepreneurs of Florida, INC. (Document #P03000063412) and Request for
Waiver of Reinstatement Fee.**

To Whom It May Concern:

Enclosed is the Reinstatement Application for Venice's Financial Investment
Entrepreneurs of Florida INC. (Document #P03000063412).

We hereby request a waiver of the reinstatement fee of 600\$, since we did not receive an annual report notice in the year of dissolution/revocation, nor have we received any correspondence from the Department of State regarding the aforementioned entity. We have enclosed a check for 158.75 \$, for the annual report and supplemental fees for each year, from the year of dissolution/revocation to the current year, along with the fees for a certificate status. Based upon our non-receipt of any annual report notices, please confirm that we are not required to include the reinstatement fee, and please process our application for reinstatement accordingly.

Sincerely,

Rafael Muñoz

366 Minorca Avenue, Coral Gables, Florida 33134
786-624-9379

Enclosures