

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 APR 17 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900099255889  
04/30/07--01003--006 \*\*450.00

DOCUMENT # PB3000082219

1. Corporation Name

Community Ventures Inc.

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

971 Delray Lakes Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

971 Delray Lakes Dr.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33444

Country

Palm Beach

Zip

33444

Country

Palm Beach

**REINSTATEMENT** 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

7/28/03

5. FEI Number

010794137

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

Jeff Perlman

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

971 Delray Lakes Drive

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

☒ 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

*Jeff Perlman*

REGISTERED AGENT MUST SIGN

Date

4/12/07

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
P	Jeff Perlman	971 Delray Lakes Dr.	Delray Beach, FL 33444
T	Jeff Perlman	" "	" "
S	Jeff Perlman	" "	" "

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

*Jeff Perlman*

Date

4/12/07

Daytime Phone #

561-706-6165