

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 OCT 11 PM 2:42

SECRET  
FALLING STATE

DOCUMENT # **PD3700**

**1. Corporation Name**

**VENCO MANUFACTURING, INC.**

**2. Principal Office Address**

**1354 WIGMORE ST**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL**

Zip

**32206**

Country

**USA**

**3. Mailing Office Address**

**12110 BEST PLACE**

Suite, Apt. #, etc.

City & State

**SHARONVILLE, OHIO**

Zip

**45241**

Country

**U.S.A.**

CR2E081 (8/05)

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

**1979**

**5. FEI Number**

**31-0948295**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**OMAR SANDLIN**

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

**1354 WIGMORE ST.**

Suite, Apt. #, Etc.

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32206**

**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

**9/28/05**

**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
CO- PRESIDENT	LARRY COLLINS 12110 BEST PLACE	12110 BEST PLACE SHARONVILLE, OH 45241	SHARONVILLE, OHIO 45241
TREASURER	MICHAEL STRITTHOLT	12110 BEST PLACE	SHARONVILLE, OHIO 45241
CO- PRESIDENT	RONALD COLLINS	12110 BEST PLACE	SHARONVILLE, OHIO 45241
VP MFG.	OMAR SANDLIN	1354 WIGMORE ST.	JACKSONVILLE, FL 32206

**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 under section 119.07(3)(i), 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:

**Michael W. Stritholt**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL W. STRITTHOLT**  
Date

Date

Daytime Phone #

**9/26/05 513-772-8448 EXT 105**