

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 29 PM 1:02

DOCUMENT # P06000002042

1. Corporation Name

Full Mixture Ventures, Inc.

600110744026
10/12/07--01065--008 **61.25

2. Principal Office Address - No P.O. Box #
1069 Vintner Blvd.

3. Mailing Office Address
P.O. Box 3087

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

West Palm Beach, FL

Zip
33410

Country
USA

Zip
33402-3087

Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/05/2006

5. FEI Number
20-4165838

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
Mr. Clark Beaty

Street Address (P.O. Box Number is Not Acceptable)
1069 Vintner Blvd.

Suite, Apt. #, Etc.

City
Palm Beach Gardens

State
FL

Zip Code
33410

☒ 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

REGISTERED AGENT MUST SIGN

Date **10/9/07**

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,S,D	Mr. Clark Beaty	1069 Vintner Blvd.	Palm Beach Gardens, FL 33410

REINSTATEMENT

10/31/07

600110744026
11/02/07--01051--007 **88.75

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

10/9/07

Date

561-339-5039

Daytime Phone #