

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 AUG 18 AM 10:46

DOCUMENT # p06000068728

1. Corporation Name

Venture 516E Corp.

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

2950 SW 27th Ave

3. Mailing Office Address

2950 SW 27th Ave

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Miami, FL

City & State

Miami, FL 33133

Zip

33133

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/07

5. FEI Number

☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (6/10)

300183755243
07/28/10--01025--006 **450.00

300183755243
08/18/10--01029--009 **1200.00

7. Name and Address of Current Registered Agent

Name

Pablo R. Bared, Esq.

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

2950 SW 27th Ave

Suite, Apt. #, Etc.

Suite 100

City

Miami, FL 33133

State

FL

Zip Code

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

7/26/10

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
D/P	Pablo Buchbinder	2950 SW 27th Ave	Miami, FL 33133

10. E-mail Address: mimi@baredlaw.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

P. Buchbinder D P. Buchbinder

7/26/10 3056666010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #