

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC -2 PM 3: 30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P09605**

1. Corporation Name

**ADVENTURENT, INC.**

Principal Place of Business

Mailing Address

850 NE 3RD ST

850 NE 3RD ST

STE 204

STE 204

DANIA FL 33004-3401

DANIA FL 33004-3401

US

US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

3149 J.P. Curci Dr.

3149 J.P. Curci Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1A-1

1A-1

City & State

City & State

Pembroke Park, FL

Pembroke Park, FL

Zip

Zip

33009

33009

Country

Country

USA

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

03/28/1986

5. FEI Number

59-2662740

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MARTINI, NINO	850 NE 3RD ST STE 204 3149 J.P. Curci Dr, #1A-1	DANIA FL Pembroke PK., FL 33009
VD	DURNAK, GINA	850 NE 3RD ST STE 204 3149 J.P. Curci Dr, #1A-1	DANIA FL Pembroke Park, FL 33009
VD	CHANG, ALBERT	850 NE 3RD ST STE 204 3149 J.P. Curci Dr, #1A-1	DANIA FL Pembroke Park, FL 33009
			200002705272147
			-12/07/98--01160--007
			****750.00 ****750.00
			8/12/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTINI, NINO

850 NE 3RD ST

SUITE 204

DANIA FL 33004

3149 J.P. Curci Dr, #1A-1

Pembroke Park, FL 33009

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/19/98

11/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nino Martini

Date

Daytime Phone #

11/30/98 954-927-9800

CR2E040 (9/98)