PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 SEP 25 PM 1:42

DOCUMENT # P10000018460

1. Corporation Name

V & J VENTURES, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
131 HICKORY CREEK DR.	131 HICKORY CREEK DR.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: BRANDON, FL	City & State: BRANDON, FL
Zip: 33511 Country: USA	Zip: 33511 Country: USA

CR2E061 (11/16)

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/2010

5. FEI Number: 27-2018728 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ronnie J. Ory

Street Address (P.O. Box Number is Not Acceptable): 131 Hickory Creek Dr.

State, Apt. #, Etc.:

City: Brandon State: FL Zip Code: 33511

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Ronnie J. Ory
REGISTERED AGENT MUST SIGN

Date: 9/20/19

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
PD	Ory, Ronnie J	131 HICKORY CREEK DR.	BRANDON, FL 33511
STD	Ory, Linda V	131 HICKORY CREEK DR.	BRANDON, FL 33511

10. E-mail Address: ronnie@cyprexx.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 after having 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Ronnie J. Ory 9/20/19
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #