

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 SEP 22 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P10000022601**

1. Corporation Name

Venpetro Chemical Marine, Inc.

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

16237 SW 48th ST

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

USA

3. Mailing Office Address

16237 SW 48th ST

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2010

5. FEI Number

☒

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

Alfonso Giovannucci

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

16237 SW 48th ST

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

000277327340
09/22/15--01022--028 **1358.75

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

Alfonso Giovannucci
REGISTERED AGENT MUST SIGN

Date **06/16/2015**

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	Alfonso Giovannucci	16237 SW 48th ST	Miramar, FL 33160

10. E-mail Address:

Office@medranaccounting.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., and 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. 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:

Alfonso Giovannucci
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #