

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 21 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060569 (9)

1. Corporation Name

Venez Trade Inc.

REINSTATEMENT

04-07

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CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
8510 Mills Drive

3. Mailing Office Address
8510 Mills Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33183

Country
USA

Zip
33183

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida **08/30/1993**

5. FEI Number **65-0625892**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Lucia Azar**

Street Address (P.O. Box Number is Not Acceptable) **8510 Mills Drive**

Suite, Apt. #, Etc.

City **Miami**

State **FL** Zip Code **33183**

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

Lucia Azar
REGISTERED AGENT MUST SIGN

Date **6/19/07**

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/D	Lucia Azar	10100 SW 59 Ave.	Miami, Florida 33156

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06/25/07--01035--003 **1209.75

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:

Lucia Azar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lucia Azar

6/19/07
Date

(305)596-6266
Daytime Phone #