

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 29 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P94000076971

1. Corporation Name

DADE COUNTY VENTURES, INC.

2. Principal Office Address

Brickell Bayview Centre

Suite, Apt. #, etc.

80 SW 8th St., #2400

City & State

Miami, FL 33130

Zip

33130

Country

US

3. Mailing Office Address

Brickell Bayview Centre

Suite, Apt. #, etc.

80 SW 8th St., #2400

City & State

Miami, FL 33130

Zip

33130

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/19/94

5. FEI Number

65-0533189

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee, FL 32301

300004910913--2

02/12/02--01011--030

****758.75 ****758.75

300004910913--2

02/12/02--01011--031

FL ****323025 ****321.25

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

Brian Courtney
as its agent

Date

11-26-01

REGISTERED AGENT MUST SIGN

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
C	Nero, Frank R.	80 SW 8th St., #2400	Miami, FL 33130

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 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:

Frank R. Nero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank R. Nero

Date

Daytime Phone #