

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 20 PM 1:15

DOCUMENT # P94000090915

1. Corporation Name

VENCOM. INC.

2. Principal Office Address

1268 St. Andrews Dr.

Suite, Apt. #, etc.

City & State

Dunedin FL

Zip

34698

Country

U.S.A.

3. Mailing Office Address

1268 St. Andrews Dr.

Suite, Apt. #, etc.

City & State

Dunedin FL

Zip

34698

Country

U.S.A.

REINSTATEMENT

99-01

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

12-14-94

SP

5. FEI Number

Applied For

Not Applicable

593283792

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert L. Turner

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

1268 St. Andrews Dr.

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

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**

REGISTERED AGENT MUST SIGN

Date June 18, 2001

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 S	Robert L. Turner	1268 St. Andrews Dr.	Dunedin FL 34698

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Turner

Date

6/18/01

Daytime Phone #

727-734-9309

CR2E081 (9/00)