PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000062147

1. Corporation Name

VENCUBIRE, INCORPORATED

FILED

97 MAR 20 PM 3: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business THE STERLING 927 LINCOLN ROAD MIAMI BEACH FL 33319		Mailing Address THE STERLING 927 LINCOLN ROAD MIAMI BEACH FL 33318					
	dresses are incorrect in any way, line t				REIN	STATEMEN'	ray
New Principal Office Address, If Applicable 3. New Maili			ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/10/1995		
Suite, Apt. #, etc. Suite, Apt. #			etc.		5. FEI Numbe		Applied For
City & State City & State					65-030 2 3 5 3 Not Applicable		
Ζιρ	Country	Zip	Count	ry	6. CERTIFICAT	TE OF STATUS DESIRED (\$8.75	5 Additional Fee required r a Certificate of Status
7 Names an	nd Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit corpor	ations must list at le	ast 3 directors)		
Name of Officers Title(s) and/or Directors 1 2			Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box		h r Numbers)	City / State / Zip	
P	France Hyron)		4020 BUGHANAN) ST HOUMDON TL 330		sz.	HellywoodFl	3302
P	TEURO DE PORTOSA	710 SAFA	DEN DEN	WE	WEY BISCHARD	33149	
•		a, 			71	000021205	1773
				·		****188.00	****188.00
•						W5-4	U-41
	8. Name and Address of Currer	ent	9. Name and Address of New Registered Agent Name				
DE CORDOBA, OTTO				Street Address (P.O. Box Number is Not Appentable)			
601 BRICKELL KEY DRIVE				-0.3721743			
SUITE 501				Suite, Ap1. #, Etc).	****187.00	****1817.00
MIAMI FL 33131				City		State	Zip Code
10. I, being a Signature of Registered A		N	oration, am familiar v BENT MUST SIGN	vith and accept the c	bligations of Sec		197
11. Doe Dep	es this corporation pay ot. of Revenue under S	any intang 3. 199.032,	gible tax to t Florida Sta	he tutes. Yes	□ No E	(See other side on intan	e for information gible tax.)
this reinst owed by t	nat I am an officer or director or the rectatement application, the reason for distinct the corporation have been paid and the oplication is true and accurate and my	ssolution has beer e names of individ	n eliminated, the corp duals listed on this fo	porate name satisfies frm do not qualify for	the requirement an exemption u	ts of section 607.0401 or 617.04	01, F.S., that all fees
SIGNATI	URE: SIGNATURE AND PHILED OR F	PRINTED NAME OF	FRAUL S	FLYNNS	fon Corf). 1/28/G7 Date Date	ytime Phone #