

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1996 NOV -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092808

1. Corporation Name VENETRANS INC.

Principal Place of Business Mailing Address

8089 N.W. 67TH ST
MIAMI FL. 33166



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 8089 NW 67 TH STREET		Suite, Apt. #, etc. 8089 NW 67 TH STREET		5. FEI Number 65-0702944	
City & State MIAMI, FL		City & State MIAMI, FL		Applied For Not Applicable	
Zip 33166	Country DADE	Zip 33166	Country DADE	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$875 Additional fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	LEOPOLDO BELLOSO	8089 N.W. 67TH STREET	MIAMI FL 33166
			MIAMI FL

388882800123
-11/08/96-01029-012
****375.00 ****375.00

REINSTATEMENT *aged*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HELENA TETZELI 2650 S.W. 27TH AVE. SECOND FLOOR MIAMI FL 33133		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33166	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.068, F.S.
Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date 10-29-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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 REQUIRED