

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000003820

1. Entity Name
VENTURE REALTY, INC.



Principal Place of Business
3621 S FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

Mailing Address
3621 S FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

2. Principal Place of Business
1098 MILITARY TRAIL

3. Mailing Address

Suite, Apt. #, etc.
PO BOX 728
JUPITER, FLORIDA
33468

Suite, Apt. #, etc.

City & State

Zip Country

Zip Country



SAME 10072005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0678271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLINTOCK, HARVEY
3621 S FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
MCCLINTOCK, HARVEY
STREET ADDRESS
3621 S FEDERAL HIGHWAY
CITY-ST-ZIP
BOYNTON BEACH, FL 33435 ☐ Delete

TITLE
NAME
1098 MILITARY TRAIL
STREET ADDRESS
PO BOX 728
CITY-ST-ZIP
JUPITER, FLORIDA
33468 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100060695291
10/18/05--01008--017 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/05 261-4100
1144

Date

Daytime Phone