

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
DIVISION OF CORPORATIONS

01 MAY 22 AM 11:03

DOCUMENT # **P96000017565**

1. Corporation Name

Rest Ventures Corp

WD1000009135

2. Principal Office Address

100 E New York Avenue 890 McGregor RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DeLand FL

City & State

DeLand FL

Zip

32720

Country

USA

Zip

32720

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3415021

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

99-01

7. Name and Address of Current Registered Agent

Name **N. Dwayne Gray, Jr., Esq.**

Greenspoon, Marder, et al

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

135 W. Central Blvd., Suite 1100

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

500004447205-3

-06/27/01--01021-011

*****1050.00 ***1050.00**

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 **4-4-01**

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
Pres	Jill Smith	890 McGregor RD	DeLand FL 32720
VP	William S. Smith	890 McGregor RD	DeLand FL 32720
Secre	William S. Smith	890 McGregor RD	DeLand FL 32720
Treas	Jill Smith	890 McGregor RD	DeLand FL 32720

REINSTATEMENT 99-01

AL

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:

Jill Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01

Date

904 740 9535

Daytime Phone #

CR2E081 (9/00)