PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAY 25 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P96000040231

1. Corporation Name
Ocoee Ventures, Inc.

REINSTATEMENT 98-00

2. Principal Office Address	3. Mailing Office Address
11100 W. Colonial Dr.	P.O. Box 265174
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocoee, Florida	City & State: Daytona Beach, FL
Zip: 34761 Country: USA	Zip: 32126-5174 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/10/96

5. FEI Number: 593388532 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Kathryn A. Vaughan, Esquire

Street Address (P.O. Box Number is Not Acceptable): 110 East Granada Blvd #104, Ormond Beach, FL 32176

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: _____ Date: 5.24.00
REGISTERED AGENT MUST SIGN

CR2E031 (9/95)

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
D	Martin Kaudel	21 River Ridge Tr.	Ormond Beach, FL 32174
D	Larry Coltelli	10 Talaqvah Blvd.	Ormond Beach, FL 32174
D	Steven Schlossberg	1601 N. Halifax Ave	Daytona Beach, FL 32118
			LS

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: _____ 5/24/00 (904)251-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #