

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB 26 AM 9:02

DOCUMENT # P96000055533

1. Corporation Name

R-VENTURE, CORP

2. Principal Office Address - No P.O. Box #

6350 NE 4TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33138

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
07/01/1996

5. FEL Number

65-0679874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

900245074379

02/26/13--01004--011 **900.00

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

ROBERT REBOZO

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

6350 NE 4TH AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

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

2/14/13

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
DP	ROBERT I REBOZO	6350 NE 4TH AVE	MIAMI, FL 33138
DV	ROBERT REBOZO	6350 NE 4TH AVE	MIAMI, FL 33138

FEB 27 2013

T. CAULEY

10. E-mail Address: OTEROTERE@GMAIL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert I. Rebozo 02/14/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #