

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 21 PM 4:29

DOCUMENT # P96000055533

1. Corporation Name

R-VENTURE, CORP.

Principal Place of Business

Mailing Address

~~7000 N.E. 4TH COURT
MIAMI FL 33138~~

~~6350 N.E. 4TH AVE
MIAMI FL 33138~~



REINSTATEMENT 03

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

07/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0679874

Applied For

Not Applicable

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33138

Country

USA

Zip

33138

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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	4 City / State / Zip
DR	REBOZO, ROBERT I	21 MIAMI GARDENS RD.	HOLLYWOOD FL 33020
D/V	REBOZO, ROBERT	7000 N.E. 4TH COURT	MIAMI FL 33138
D/P	REBOZO, ROBERT I.	6350 N.E. 4TH AVE.	MIAMI, FL 33138
D/V	REBOZO, ROBERT.	6350 N.E. 4TH AVE.	MIAMI, FL 33138

200023965942
10/21/03--01044--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ROBERT REBOZO

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

6350 N.E. 4TH AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33138

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

10/18/03

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] ROBERT REBOZO

Date

10/18/03

Daytime Phone #

305-789-1410

CR2E040 (7/03)