

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 12 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 96 000084 001**

1. Corporation Name

F.G. Ventures, Inc.

~~W06-59272~~

2. Principal Office Address

1031 W. Morse Blvd.

3. Mailing Office Address

1031 W. Morse Blvd.

Suite, Apt. #, etc.

350

Suite, Apt. #, etc.

350

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

USA

Zip

32789

Country

USA

REINSTATEMENT

03-07

4. Date Incorporated or Qualified
To Do Business in Florida

10-7-96

5. FEI Number

59-3410189

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ralph V. Hadley, III

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

1031 W. Morse Blvd.

Suite, Apt. #, Etc.

350

City

Winter Park

State

FL

Zip Code

32789

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

[Signature]

Date **12-14-06**

REGISTERED AGENT MUST SIGN

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	Filippo Guani	1031 W. Morse Blvd. #350	Winter Park FL 32789
VP	Allan E. Keen	1031 W. Morse Blvd. # 325	Winter Park FL 32789

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/07

Daytime Phone #

11700