

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000017025

1. Corporation Name

Venus Quality Farm Inc.

2. Principal Office Address

7874 West Flagler Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33144

Country

Miami-Dade

3. Mailing Office Address

- SAME -

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
04 APR 19 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-04

Date Incorporated or Qualified
To Do Business in Florida 02/19/1997

5. FEI Number
65-0737087

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

Dalia Lurbe

Street Address (P.O. Box Number is Not Acceptable)
7874 West Flagler Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

900035825269
05/10/04--01091--002 **1200.00

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

Dalia Lurbe

Date 04/07/2004

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
PSTD	Dalia Lurbe	7874 West Flagler Street	Miami, FL 33144

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:

Dalia Lurbe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2004

Date

786-201-8182

Daytime Phone #

CR2001 (01/04)

B

2082

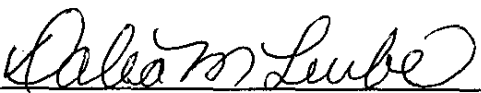
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICE THAT FOR ANY REASON WE DIN NOT RECEIVE THE ANNUAL REPORT FORM SINCE 2000. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,



DALIA LURBE
PRESIDENT