

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000050549

1. Corporation Name

VENTURE CONSULTING, INC.

Principal Place of Business

5203 SLIGH ROAD
LAKELAND FL 33813

Mailing Address

5203 SLIGH ROAD
LAKELAND FL 33813

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1095 Dossey Rd
Suite, Apt. #, etc.
LAKELAND FL

City & State
33807

Zip

Country

FL

3. New Mailing Office Address, If Applicable

P.O. Box 5212
Suite, Apt. #, etc.

City & State
LAKELAND FL

Zip

Country

33807

FL

REINSTATEMENT

07

4. Date Incorporated or Qualified
To Do Business in Florida

06/06/1997

5. FEI Number

59-3464263

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BELLAMY, STEVEN	5203 SLIGH RD.	LAKELAND FL 33813
			300023750843 11/24/03--01019--023 **\$600.00
			300023750843 10/13/03--01069--013 **\$150.00

8. Name and Address of Current Registered Agent

BELLAMY, STEVEN
5203 SLIGH ROAD
LAKELAND FL 33813

9. Name and Address of New Registered Agent

Name

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

6632 SINGLE LANE DR.
Suite, Apt. #, Etc.

City

LAKELAND FL

State

FL

Zip Code

33813

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/8/03

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03
Date

865
2d-7627
Daytime Phone #