## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham **FOR**

Secretary of State



00 APR -3\_AM\_7: 58

**DIVISION OF CORPORATIONS** 

DOCUMENT #	P97000052645
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1. Corporation Name

REINSTATEMENT

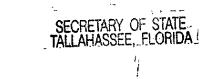
VENTREX TECHNOLOGIES, INC.

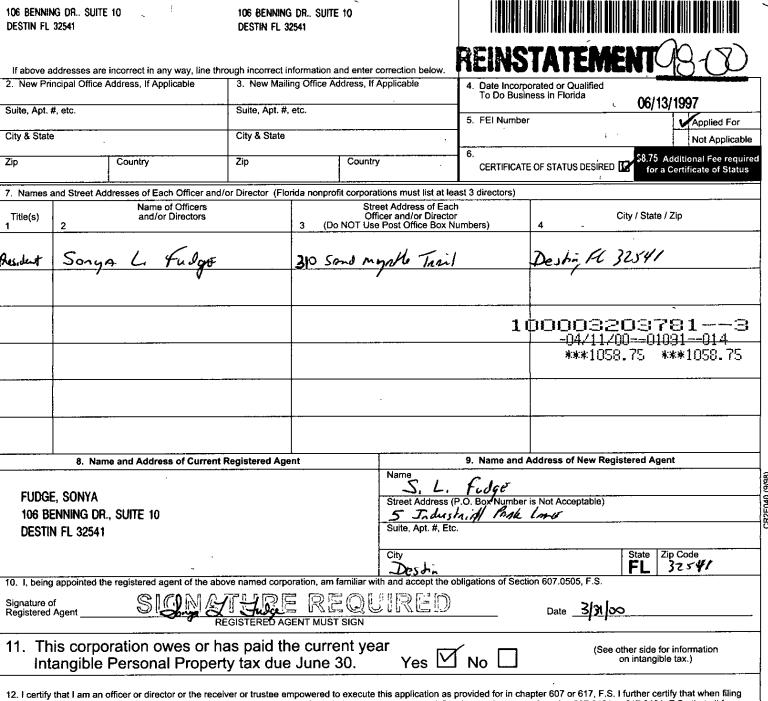
Mailing Address

106 BENNING DR., SUITE 10

Principal Place of Business

106 BENNING DR., SUITE 10





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.