APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 DEC 20 AM 8:22

Make Check Payable to Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P98000028779

VENE MOTORS, INC.
3630 N.W 76th Street
Miami FL 33170

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only on forms for amendment.

REINSTATEMENT 99

Address
10920 N.W South River Dr.

City and State
Medley, FL

Zip Code
33178

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5.
March 27, 1998	65-0830552	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☒

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P	GUSTAVO J. BOSCAN	10920 NW South River Dr	Medley, FL 33178
VP	LUIS M. BOSCAN	10920 NW South River Dr	Medley, FL 33178

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

GUSTAVO J. BOSCAN
10920 N.W South River Dr.
Medley FL 33178

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL Zip

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

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN Date November 23, 1999

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director _____ Date Nov 23, 1999 Daytime Phone # (305) 805-1575

Typed or printed name of signing officer or director GUSTAVO J. BOSCAN

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

VENE MOTORS, INC.

Certificate of Status	1
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