

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

998000071972

1. Corporation Name

LIGHT VENTURE INC.

2. Principal Office Address

4613 UNIVERSITY Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#335

Suite, Apt. #, etc.

City & State

Coral Springs

City & State

Zip

33067

Country

Broward

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/14/1998

5. FEI Number

650856086

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

VICENTE AVELLANEDA

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

4613 University Drive

Suite, Apt. #, Etc.

#335

City

Coral Springs

State  
FL

Zip Code

33067

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

REGISTERED AGENT MUST SIGN

Date

4/26/02

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
D	Vicente Avellaneda	4613 University Dr. #335	Coral Springs, FL 33067

REINSTATEMENT 00-0278

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vicente Avellaneda

4/26/02

Date

(954)340-0449

Daytime Phone #

CR2E081 (8/01)