

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P99000001764

1. Corporation Name

VENTURE ENTERPRISES, INC.

00 OCT 20 PM 3:55

Principal Place of Business

5118 WEDGE CT.  
EAST BRADENTON FL 34203

Mailing Address

5118 WEDGE CT.  
EAST BRADENTON FL 34203



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/1999

5. FEI Number

65-0887304

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
D	WEISENBERGER, SHERREE	5118 WEDGE CT.	EAST BRADENTON FL 34203
D	ROBERTSON, RON	1654 S. ASH CIRCLE	JAMISON PA 18929

300003455113--2  
-11/07/00--01067--004  
\*\*\*\*150.00 \*\*\*\*150.00

10/31

8. Name and Address of Current Registered Agent

WEISENBERGER, SHERREE  
5118 WEDGE CT.  
EAST BRADENTON FL 34203

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

Sherree Weisenberger

Date 10-17-00

REGISTERED AGENT MUST SIGN

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:

Sherree Weisenberger, Sherree Weisenberger 10-17-00 941-756-8065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/00)

A Division of Venture Enterprises, Inc.

October 18, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL 32314-6327

RE: FEI Number 65-0887304

Dear Sirs!

I have received your notice that my corporation has been dissolved and to reinstate it would mean paying \$750.00! I contacted my CPA because I knew nothing about having to renew my corporation for the year 2000. I'm afraid I'm a novice in this area and have been out here in the 'world' trying to make money.

I do not remember ever receiving any notices that I was to renew, let alone pay anything. I am asking that you please waive the late fee of \$750.00 and am sending you a check for \$150.00 to cover the renewal for the year 2000.

To pay the \$750.00 will devastate me. I truly hope you will accept this letter and my check for the \$150.00 so I can continue my corporation.

Yours truly,



Sherree Weisenberger  
President