

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

98192

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
2000 USE
DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004832

1. Corporation Name

FIVETEN VENTURES, INC.

Principal Place of Business

P.O. BOX 916298
LONGWOOD FL 32791

Mailing Address

P.O. BOX 916298
LONGWOOD FL 32791

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

2. New Principal Office Address, If Applicable

7114 Cane Hills Cir
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7114 Cane Hills Cir
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1999

5. FEI Number

59-3554620

Applied For

Not Applicable

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

USA

Zip

32819

Country

USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	Lisa Marie Politto	7114 Cane Hills Cir	Orlando, FL 32819

800003469498--6

11/20/00 01011-011

****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

CARLIN, PHILIP A

345 E SR 438, STE 101 754 Lake Kathryn Circle
FERN PARK FL 32730 Casselberry FL 32707

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/18/2000

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:

Lisa Marie Politto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-00

Date

407-355-0733

Daytime Phone #

Philip A. Carlin & Associates, Inc.

Accountants & Tax Consultants



Thursday, October 19, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Fiveten Ventures, Inc.
7114 Cane Hills Circle
Orlando, FL 32819
Document #P99000004832

We are writing on behalf of the corporation referenced above regarding late filing of its 2000 Corporation Annual Report/Uniform Business Report.

Both the corporation and the registered agent changed mailing addresses during the year. Some, but not all mail was forwarded to the new mailing address of the corporation. The Notice of Administrative Dissolution or Revocation was the first correspondence received from the Department of State pertaining to the filing of the 2000 form.

In light of this, we are asking that the Certificate of Administrative Dissolution or Revocation be repealed, and that the enclosed check for \$150 be accepted.

Sincerely,

Philip A. Carlin
Registered Agent