


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 11:58

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000029632

1. Corporation Name

Venture Hospitality Corp.

2. Principal Office Address  
247 SW 8th Street,

3. Mailing Office Address  
247 SW 8th Street

Suite, Apt. #, etc.  
#138

Suite, Apt. #, etc.  
#138

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33130

Country  
USA

Zip  
33130

Country  
USA

**REINSTATEMENT**

CR2E081 (12/05)

00-06

4. Date Incorporated or Qualified  
To Do Business in Florida 03/26/1999

5. FEI Number  
NONE

65 0908693

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  
Chad A. Hankin

Street Address (P.O. Box Number is Not Acceptable)  
247 SW 8th Street

Suite, Apt. #, Etc.  
#138

City  
Miami

State  
FL

Zip Code  
33130

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



Date 03/07/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

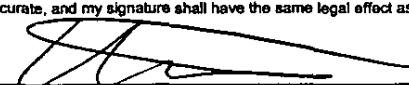
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVSTD	Chad A. Hankin	247 SW 8th Street, #138	Miami, FL 33130

600071633346

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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 contained in Chapter 119, 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

03/07/06

786.3854333

4/12/06