

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT. 01 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069982

1. Corporation Name

Venture Explorations, Inc.

2. Principal Office Address

2520 E. Jackson St.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32803

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-6-99

5. FEI Number

59-3710750

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Shane I. Rawleigh

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

302 S. Graham Ave.

Suite, Apt. #, Etc.

City

Orlando,

State
FL

Zip Code
32803

10000952072

10/22/02--01111--013 **1051.75

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

Shane I. Rawleigh
REGISTERED AGENT MUST SIGN

Date 27SEP02

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/P/T	Shane I. Rawleigh	2520 E. Jackson St.	Orlando, FL 32803
D/V/S	Donald T. Burns	2520 E. Jackson St.	Orlando, FL 32803

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:

Shane I. Rawleigh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27SEP02

Date

(407) 897-7474

Daytime Phone #

CR2E081 (9/01)