

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
02-03
SECRETARY OF STATE
DIVISION OF CORPORATIONS
UBP

03 FEB 24 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400013031694
02/24/03--01057--012 **150.00

400013031694
02/24/03--01057--013 **150.00

DOCUMENT # 999000070630

1. Corporation Name

VENESUPPLIES, INC

2. Principal Office Address

5275 NW 112 AV

Suite, Apt. #, etc.

106

City & State

miami FL

Zip

FL 33178

Country

U.S.A

3. Mailing Office Address

5275 NW 112 AV

Suite, Apt. #, etc.

106

City & State

miami FL

Zip

33178

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

30 JULY 1999

5. FEI Number

650940294

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

Emilia M. DELGADO

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

5275 NW 112 AV

Suite, Apt. #, Etc.

106

City

miami

State

FL

Zip Code

33178

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/19/2003

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
<u>P</u>	<u>Emilia M. Delgado</u>	<u>5275 NW 112 AV # 106</u>	<u>miami FL 33178</u>

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]

Emilia Delgado

2/19/03

(305) 718.92.15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/26