

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 27 PM 4:48

DOCUMENT # **P99000086941**

1. Corporation Name

Earnest Ventures, Inc.

2. Principal Office Address

701 Tamiami Trail North

Suite, Apt. #, etc.

City & State

Nokomis, Florida 34275

Zip

34275

Country

USA

3. Mailing Office Address

P. O. Box 425

Suite, Apt. #, etc.

City & State

Laurel, FL 34272

Zip

34272

Country

USA

REINSTATEMENT

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

9/22/99

5. FEI Number

65-0965379

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

Erik V. Korzilius

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

743 Shamrock Boulevard

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

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 **11/21/00**

REGISTERED AGENT MUST SIGN

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

200003491432-3 12/08/00-01026-021 *****8.75			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
P D	Charles Blumetti	701 Tamiami Trail N	Nokomis, FL 34275
V/S/D	Robert Antoinette	701 Tamiami Trail N	Nokomis, FL 34275

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:

Robert Antoinette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/21/00

Date

941-650-1787

Daytime Phone #

CR2E081 (9/99)