

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S19782**

1. Corporation Name

**VENTURE MEDICAL, INC.**

Principal Place of Business

Mailing Address

11260 SW FIRST COURT  
PLANTATION FL 33325  
US

11260 SW FIRST COURT  
PLANTATION FL 33325  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

**121 SEVERIND DRIVE**  
Suite, Apt. #, etc.

**121 SEVERIND DRIVE**  
Suite, Apt. #, etc.

City & State  
**ISLAMORADA FL**

City & State  
**ISLAMORA FL**

Zip **33036** Country **USA**

Zip **33036** Country **USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/17/1990**

5. FEI Number

**65-0236196**

Applied For

Not Applicable

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
DPS	QUINTYNE, CHESTER	<del>11260 SW FIRST COURT</del> <b>ISLAMORADA,</b>	<del>PLANTATION FL 33325</del> <b>FL 33036</b>

**400023915444**  
**10/17/03--01091--009 \*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUINTYNE, CHESTER

~~11260 SW FIRST COURT~~  
~~PLANTATION FL 33325~~

**121 SEVERIND DR**  
**ISLAMORADA, FL**  
**33036**

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Quintyne*

REGISTERED AGENT MUST SIGN

Date

**Oct 13, 2003**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Quintyne* **CHESTER QUINTYNE** **10/13/2003** **305517-2772**

# VENTURE MEDICAL, INC.

121 SEVERINO DRIVE, ISLAMORADA, FL 33036  
305.517.2772 FAX 305.517.9664

Monday, October 13, 2003

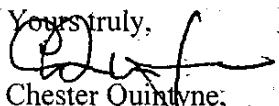
Florida Department of State  
Divisions of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sir:

Enclosed is a \$150 check for the filing of the report. I am requesting a waiver of the penalty due to having changed my address last year; I did not receive any renewal notice.

Please contact me if any further information is required.

Yours truly,

  
Chester Quintyne,  
President.