

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -3 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V43577**

1. Corporation Name

VENECON, INC.

Principal Place of Business

Mailing Address

~~12201 N. W. 35 STREET~~
~~STE 532~~
~~CORAL SPRINGS FL 33065~~
~~US~~

~~12201 N. W. 35 STREET~~
~~STE 532~~
~~CORAL SPRINGS FL 33065~~
~~US~~

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

2. New Principal Office Address, if Applicable

1820 N. Corporate Lakes Blvd.

Suite, Apt. #, etc.

Suite 202

City & State

Weston, Florida

Zip

33326

Country

US

3. New Mailing Office Address, if Applicable

1820 N. Corporate Lakes Blvd.

Suite, Apt. #, etc.

Suite 202

City & State

Weston, Florida

Zip

33326

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1992

5. FEI Number

65-0343610

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	BUSTAMANTE, OSCAR	12841 HYLAND CIR	BOCA RATON FL 33428
VP	RODRIGUEZ DOMINGO	1488 SACRAMENTO DR 1988 Sacramento Dr.	WESTON FL 33326

700009315957
12/03/02--01044--006 **750.00

8. Name and Address of Current Registered Agent

BUSTAMANTE, OSCAR
12841 HYLAND CIR
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/21/02**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/21/02 (94) 349405

CR2E040 (8/02)