

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP -7 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000058700190
09/07/05--01010--024 **150.00

000058700190
08/17/05--01047--002 **150.00

DOCUMENT # P02000095783

1. Corporation Name

VEN ENTERPRISES, INC

2. Principal Office Address

118 N Main ST

Suite, Apt. #, etc.

City & State

ELmira NY

Zip

14901

Country

Chemung

3. Mailing Office Address

118 N. Main ST.

Suite, Apt. #, etc.

City & State

ELmira NY

Zip

14901

Country

Chemung

4. Date Incorporated or Qualified
To Do Business in Florida

9/3/2002

5. FEI Number

43-1990889

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name

E. Mitchell Whaley

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

10562 S.W. 85TH TERRACE

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34476

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

E. Mitchell Whaley
REGISTERED AGENT MUST SIGN

Date

8/12/05

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
DV	Eric B Navill	408 W. WATER ST.	ELmira NY 14901
D	Vicki L Navill	408 W WATER ST.	ELmira NY 14901

STATEMENT 04-05

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-11-05

Daytime Phone #

CR2E001 (01/05)