

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

202200
9-16-05

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 29 AM 9:25

DOCUMENT # **L04000010756**

1. Limited Liability Company's Name

VICTORIA PARK, LLC

CR2E041 (8/05)

2. Principal Office Address

4100 N.E. 25th Ave
Suite, Apt. #, etc.

3. Mailing Office Address

4100 N.E. 25th Ave
Suite, Apt. #, etc.

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified To Do Business in Florida

02-09-2004

City & State

Lighthouse Point FL

City & State

Lighthouse Point FL

Zip **33064** Country **USA**

Country **USA**

Zip **33064** Country **USA**

Country **USA**

6. FEI Number

56-2453596

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GUIDO DI BONA

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

4100 N.E. 25th Ave

Suite, Apt. #, Etc.

100080927681

10/17/06--01048--009 **151.00

City

Lighthouse Point

State

FL

Zip Code

33064

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Guido Di Bona

REGISTERED AGENT MUST SIGN

Date **10-11-06**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Robert Goldstein	25 N. Albany Ave	Atlantic City, NJ ⁰⁸⁴⁰¹

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11/29/06--01036--002 **50.00

REINSTATEMENT 05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Robert Goldstein

Date **10-11-06**

Daytime Phone# **609-347-1550**

Typed or printed name of signing Managing Member/Manager

Robert Goldstein