

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

10 FEB 11 AM 11:26

DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

600168521416 02/11/10--01001--026 \*\*900.00

CR2E061 (12/07)

DOCUMENT # PO1000071329 1. Corporation Name VICTORIA IMPORT EXPORT INC.

2. Principal Office Address - No P.O. Box # 90 Edgewater Dr. Suite, Apt. #, etc. PH 19 City & State Coral Gables Zip 33133 Country USA

3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7/01 5. FEI Number 05129386 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent Name Patricia Carrillo Street Address (P.O. Box Number is Not Acceptable) 1139 Obispo Ave Suite, Apt. #, Etc. Coral Gables, FL City 33134 State FL Zip Code 33134

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [Signature] Date 2/9/2010 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, Patricia Carrillo, 1139 Obispo Ave, Coral Gables, FL 33134. Includes 'REINSTATEMENT' stamp and 'M. MILLIGAN EXAMINER' signature.

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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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] Date 2/9/2010