


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000071335

1. Entity Name
VICTORIAN GARDENS ANTIQUES AND COLLECTIBLES, INC.



Principal Place of Business
456 TAMARIND PARK LANE
KISSIMMEE, FL 34758

Mailing Address
456 TAMARIND PARK LANE
KISSIMMEE, FL 34758

2. Principal Place of Business
30 BROADWAY
Suite, Apt. #, etc.

3. Mailing Address
456 TAMARIND PARK LANE
Suite, Apt. #, etc.

City & State
Kissimmee Fl.

City & State
Kissimmee Fl.


Zip
34741

Country
OSCEOLA

Zip
34758

Country
OSCEOLA

FILED
05 JUN 23 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

06/22/05 10:00 AM BENDER GR2E998 6/04

4. FEI Number
03-0521827

Applied For Not Applicable

6. Name and Address of Current Registered Agent

BENDER, ELIZABETH F
4906 WILLOWBROOK CIR
WINTER HAVEN, FL 33884

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIANT, SHELLY L 456 TAMARIND PARK LANE KISSIMMEE, FL 34758 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIANT, DALE 456 TAMARIND PARK LANE KISSIMMEE, FL 34758 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	06/21/05--01035--002 *300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shelly L. Fiant Date: 6-14-05 Daytime Phone #: 407-908-9982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR