

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMULARY OF STATE DIVISION OF CORPORATIONS

FILED 14 DEC -5 AM 10:22

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P04000018530  
1. Corporation Name  
*Victoire, Inc*

2. Principal Office Address - No P.O. Box # <b>2950 SW 27 Ave</b>		3. Mailing Office Address <b>2950 SW 27 Ave</b>	
Suite, Apt. #, etc. <b>100</b>		Suite, Apt. #, etc. <b>100</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33133</b>	Country <b>USA</b>	Zip <b>33133</b>	Country <b>USA</b>

4. Date incorporated or Qualified To Do Business in Florida  
*01/26/2004*

5. Flat Number  
**20-2920818**

6. CERTIFICATE OF STATUS DESIRED  
No

Applied For  
Not Applicable

\$.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Alfredo D. Xiques**

Street Address (P.O. Box Number is Not Acceptable)  
**2950 SW 27 Ave, Suite 100**

Suite, Apt. #, Etc.

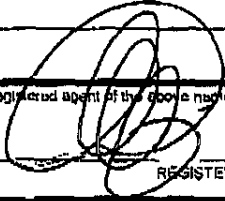
City  
**Miami**

State  
**FL**

Zip Code  
**33133**

600267163286  
12/05/14--01026--007 \*\*1950.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent:  Date: *12/4/14*

REGISTERED AGENT MUST SIGN

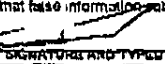
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Sydney E. Saffar	2950 SW 27 Ave, Suite 100	Miami, FL 33133
VP	Evelyn Q. Saffar	2950 SW 27 Ave, Suite 100	Miami, FL 33133
S	Maurice F. Saffar	2950 SW 27 Ave, Suite 100	Miami, FL 33133

10. E-mail Address: *axiques@ptgfla.com*

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  Date: *12/4/14* (305) 358-4808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*C.S.*