

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 FEB 19 PM 1:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000046381**

1. Corporation Name  
**VICTORY ENTERPRISE, INC.**

Principal Place of Business <b>C/O MARILYN BLANCO-REYES. ESO.          1231 MADRID STREET          CORAL GABLES FL 33134</b>	Mailing Address <b>C/O MARILYN BLANCO-REYES. ESO.          1231 MADRID STREET          CORAL GABLES FL 33134</b>
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**REINSTATEMENT** *91-98*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida <b>07/01/1993</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>65-0420771</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip	Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DESOUZA, CARLOS P	9 ISLAND AVE UNIT 2209 2303	MIAMI BEACH FL 33139
D	PEREIRA, ELZA MARIA L	9 ISLAND AVE UNIT 2209 2303	MIAMI BEACH FL 33139
VS	DESOUZA, DANIEL PEREIRA	9 ISLAND AVENUE UNIT 2209 2303	MIAMI BEACH FL
T	FILHO, CARLOS DESOUZA	9 ISLAND AVENUE UNIT 2209 2303	MIAMI BEACH FL

200002436952--0  
 -02/20/98--01110--009  
 \*\*\*\*750.00 \*\*\*\*750.00  
 200002436952--0  
 -02/20/98--01110--010  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent <b>BLANCO-REYES, MARILYN          1231 MADRID STREET          CORAL GABLES FL 33134</b>	9. Name and Address of Agent Name <b>NELSON SLOSBERGAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>501 Brickell Key Dr.</b> Suite, Apt. #, Etc. <b>Suite 400</b> City <b>Miami</b> State <b>FL</b> Zip Code <b>33131</b>
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *[Signature]* Date: **12/15/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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]* Date: **12/15/97** (305) 443-2587 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25040 (8/97)