


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL -7 AM 10:13

DOCUMENT # 754156		
1. Entity Name VICTORIA SQUARE CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business A&M PARTNERS, INC. 3475 NORTH HIATUS RD SUNRISE, FL 33351 US	Mailing Address C/O USA SERVICES 6915 TAFT ST HOLLYWOOD, FL 33024
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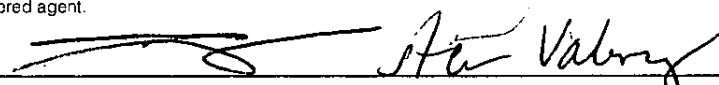
2. Principal Place of Business - No P.O. Box # 10034 W. McNAB RD	3. Mailing Address 10034 W. McNAB RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06232009 REIN-NP CR2E099 (1/07)

City & State TAMPA FL	City & State TAMPA FL	4. FEI Number 59-2029932	Applied For <input type="checkbox"/> Not Applicable
Zip 33321	Country BRUNN	Zip 33321	Country BRUNN

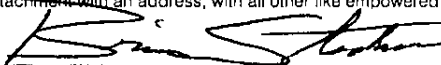
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHAPIRO, PAUL C/O USA SERVICE 6915 TAFT ST HOLLYWOOD, FL 33024		7. Name and Address of New Registered Agent Name JENNINGS & VALANCY, PA. Street Address (P.O. Box Number is Not Acceptable) 311 SE 13 ST City FT LAUDERDALE FL Zip Code 33316	
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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  Signature, typed or printed name of registered agent and title if applicable	DATE 06-24-09 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEADMAN, BRIAN 3242 CORAL RIDGE RD. CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALI ASHMAAT VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3242 CORAL RIDGE DR CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUBE, VALARIE 3228 CORAL RIDE DR CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JENNIFER ASPERY S <input type="checkbox"/> Change <input type="checkbox"/> Addition 3246 CORAL RIDGE DR CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300158215793 <input type="checkbox"/> Change <input type="checkbox"/> Addition 07/07/09--01032--014 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 08-09 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 7/15/09 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # _____