

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR 90-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 OCT 29 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K94289

1. Corporation Name

VICTORY PALM DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

13100 PINE BOROUGH LANE
PALM BEACH GARDENS, FLORIDA 33418

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
NOVEMBER 1, 1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0124258

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
VP/D	WILLIAM O'DONNELL	1414 NW 107TH AVE	MIAMI, FL 33177
PSD	ANTHONY SCHIANO	10255 NW 53th STREET	FORT LAUDERDALE, FLORIDA 33351

REINSTATEMENT 90-97

10/30/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

WILLIAM A. ADAMS

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

13100 PINE BOROUGH LANE

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

William A. Adams
REGISTERED AGENT MUST SIGN

Date

12/10/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

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-10/31/97--01088--004

****815.00
(for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

ANTHONY SCHIANO

VICE-PRESIDENT

10/28/97 954-748-5786

CR2E040 (12/95)