

W04D00009027

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

04 MAR 17 PM 2:02

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # K 94289

1. Corporation Name

Victory Palm Development Corp.

REINSTATEMENT

2. Principal Office Address

9456 NW 54th Ave 3191 Coral Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite 402-A

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, FL

Zip

33178

Country

USA

Zip

33145

Country

USA

 100029860981
 03/04/04--01007--017 **750.00
4. Date Incorporated or Qualified
To Do Business in Florida

July 19, 1989

5. FEI Number

65 0124258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒
 \$8.75 Additional Fee required
 for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kurt R. Klaus

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

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kurt R. Klaus

Date

2/18/2004

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Barbara O'Donnell	3191 Coral Way Suite 402-A Miami, FL 33145	Miami, FL 33145

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10. 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: Barbara O'Donnell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/04

Daytime Phone #

(305) 461 4447