

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN 14 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

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1/14 2002-2003

DOCUMENT # L01000022011

1. Limited Liability Company's Name

VICTORIA, LLC

2. Principal Office Address

2645 N.E. 207th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Aventura, Florida

City & State

Zip

33180

Country

UNITED STATES

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/14/01

6. FEI Number

90-0002603

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee require  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

JENNIFER S. SNYDER, ESQUIRE @ LEOPOLD, KORN & LEOPOLD, P.A.

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

20801 BISCAYNE BOULEVARD, SUITE 501

Suite, Apt. #, Etc.

City

AVENTURA

State

FL

Zip Code

33180

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/26/02

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	GLOBAL DEVELOPMENT, LLC	2645 N.E. 207th Street	Aventura, FL 33180

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated; the limited liability company name satisfies the requirements of section 608.406, F.S.; and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

DANIEL SAWICKI

Date 12/30/02

Daytime Phone # 305-692-2232

Typed or printed name of signing Managing Member/Manager