

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2004 DEC 15 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000014051

1. Limited Liability Company's Name  
VICTORY INVESTMENT GROUP LLC

2. Principal Office Address  
85 NEWFIELD AVE  
Suite, Apt. #, etc.

3. Mailing Office Address  
85 NEWFIELD AVE  
Suite, Apt. #, etc.

City & State  
EDISON, NJ

City & State  
EDISON NJ

Zip Country  
08837 USA

Zip Country  
08837 USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
JUNE 7, 2002

6. FEI Number  
61-1416454

Applied For  
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED  **\$300 Additional Fee required for a Certificate of Status**

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

Name  
STEPHEN D PEARSON

Street Address (P.O. Box Number is Not Acceptable)  
12401 SOUTH DIXIE HIGHWAY

Suite, Apt. #, Etc.

City  
PINECREST

State Zip Code  
**FL** 33156

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 [Signature] Date 12/14/2004  
REGISTERED AGENT MUST SIGN

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      |
|------------|-----------------------------------|--|-------------------------|
| <u>MEM</u> | <u>BAJANI MINGA</u>               | <u>85 NEWFIELD AVE</u>                         | <u>EDISON, NJ 08837</u> |
|            |                                   |  |                         |
|            |                                   |  |                         |
|            |                                   |  |                         |
|            |                                   |  |                         |

**REINSTATEMENT 03-04**  
CWS

700043433757  
12/15/04--01055--007 \*\*205.00

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 [Signature] Date 12/13/2004 Daytime Phone# 732-417-5900

Typed or printed name of signing Managing Member/Manager BAJANI MINGA

CR2E041 (10/02)