

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 16 AM 9:46

DOCUMENT # L03000001011

1. Limited Liability Company's Name

Victory Properties, LLC

2. Principal Office Address

805 E South Street

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32801

Country

3. Mailing Office Address

805 E South Street

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32801

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

1/9/03

6. FEI Number

41-2218532

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

~~Peacock Robert W Esq~~ MICHAEL K WEIDEMOYER

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

~~315 E Robinson Str~~ 805 E. SOUTH ST.

Suite, Apt. #, Etc.

~~Suite 600~~

City

Orlando

State

FL

Zip Code

32801

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

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>MGRM</u>	<u>Michael Weidemoyer</u>	<u>805 E South Street</u>	<u>Orlando FL 32801</u>

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 10/06/06

Daytime Phone #

407 898 8986

Typed or printed name of signing Managing Member/Manager

MICHAEL K. WEIDEMOYER