

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

2004 NOV 23 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000019523

1. Limited Liability Company's Name

VICTORIA WOODS, LLC

2. Principal Office Address
1555 NE 35 Street

Suite, Apt. #, etc.

City & State
Oakland Park, Florida

Zip
33334

Country
US

3. Mailing Office Address
1555 NE 35 Street

Suite, Apt. #, etc.

City & State
Oakland Park, Florida

Zip
33334

Country
US

4. State/Country of Formation
Florida, US

5. Date Organized or Qualified
To Do Business in Florida 05/30/2003

6. FEI Number 11-3690936

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
Michael Kimmey

Street Address (P.O. Box Number is Not Acceptable)
1555 NE 35 Street

Suite, Apt. #, Etc.

City
Oakland Park

State
FL

Zip Code
33334

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 *Michael Kimmey*
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
MGRM	Hahne, William G III	1555 NE 35 Street	Oakland Park, FL 33334

400043557294
12/21/04--01049--010 ***100.00

400043557294
12/21/04 01049 011 ***50.00

REINSTATEMENT *of*

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 *William G. Hahne* Date *10.20.04* Daytime Phone# *954 288 6020*

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)