## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMILED

LIMITED LIABILITY COMPANY REINSTATEMENT Secretary of State ONVISION OF CORPORATIONS  DOCUMENT # L03000019523 1. Limited stability Companys Name VICTORIA WOODS, LLC  2. Principal Office Address 1555 NE 35 Street  1555 NE 35		•			<del></del>	<del></del>			• •	L. L.		
1. Limited Liability Company's Name VICTORIA WOODS, LLC  2. Principal Office Address 1555 NE 35 Street 1556 NE 35 Street	COMPANY				Secret	E	SECRETARY OF STATE					
1555 NE 35 Street Suite, Apt. #, etc. Suite Oakland Park, Florida City & State Oakland Park US Suite, Apt. #, Etc. City Oakland Kimmey Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Oakland Park FL Suite, Apt. #, Etc. City Oakland Park Registered Agent	1. Limited I	Liability Comp	oany's Na	me	9523							
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite   Suite					_	-						
City & State Oakland Park, Florida Oakland Park  Fe Number 11-3690936  S. FE Number 11-3690936  Applied For Not Applicable Oakland Park  Fe Name and Address of Current Registered Agent  Michael Kimmey Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)  State  Fe L  State  Zip Code Fe L  State State Oakland Park  Fe L  State Oakland												
City & State Oakland Park, Florida  Country 33334  Country US  Country 33334  Country US  Country Countr	Suite, Apt. #, etc.				Suite, Apt. #, etc.		5. Date Organized or Qualified					
Country   33334   Country   Sassassian   Country   Country   Country   Certificate of Status Desired   Sassassian   Sass	-						1					
8. Name and Address of Current Registered Agent  Name Michael Kimmey Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.  City Oakland Park  9. I. being appointed the registered agent of the agree named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.  Signature of Registered Agent  Registered Agent  Registered Agent  Name of Managing Members/Managers  Titles  Name of Managing Members/Managers  Titles  Name of Managing Members/Managers  Name of Managing Members/Managers  Street Address of Each Managing Members/Managers  Oakland Park, FL 33334  1555 NE 35 Street  Oakland Park, FL 33334  1610 O4 3557234  1710 O4 355723	Zip				Zip			11-3				
Name Michael Kimmey  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  State  State  City  Oakland Park  9. 1. being appointed the registered agent of the apple named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  Name of Registered Agent  Name of Managing Members/Managers  Titles  Name of Managing Members/Managers  Titles  Name of Managing Members/Managers  Name of Managi	33334	_	US		33334	US		OF STATU	JS DESIRED   \$5.0	V Additional F or a Certificate	ee required of Status	
Michael Kimmey  Street Address (P.O. Box Number is Not Acceptable)  Sure Address (P.O. Box Number is Not Acceptable)  Sure Address (P.O. Box Number is Not Acceptable)  1555 NE 35 Street  Sure Address of Each Registered Agent  Name of Registered Address of Managing Members/Managers  Titles  Managing Members/Managers  Street Address of Each Managing Members/Managers  Street Address of Each Managing Members/Managers  Oakland Park, FL 33334  1555 NE 35 Street  Oakland Park, FL 33334  1555 NE 35 Street  Oakland Park, FL 33334  1650 O4 355 7294  1760 O		Nome			8. Name an	d Address of Current Reg	istered Agent					
Suite, Apt. #, Etc.  City Oakland Park  9. I, being appointed the registered agent of the active named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent R		Michael Kimmey										
City Oakland Park  9. I, being appointed the registered agent of the active named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent REGISTERED AGENT JUST SIGN  10. Names and Street Addresses of Managing Members/Managers  Titles Managing Members Managers  Managing Members Managers  Street Address of Each Managing Members Managers  Managing Members Manager  Oakland Park, FL 33334  12/2 /044-01043-5572-34  12/2 /044-01049-010 ****100.00  13/2 /044-01049-010 ***100.00  13/2 /044-01049-010 *		Street Address (P.O. Box Number is Not Acceptable) 1555 NE 35 Street										
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Signature of Registered Agent Must SIGN  10. Names and Street Addresses of Managing Members/Managers  Titles Name of Managing Members/Managers  Managing Members/Managers  Street Address of Each Managing Members/Managers  City / State / Zip  Oakland Park, FL 33334  4 00043557294  12/2 / 04 - 01049 - 011 *** 10		<sup>City</sup> Oa	kland	Park								
Titles Name of Managing Members/ Managers Street Street Oakland Park, FL 33334  MGRM Hahne, William G III 1555 NE 35 Street Oakland Park, FL 33334  4 00043557294 12/2 /04-01049-010 *** 100.000  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 all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and later the requirement of section 6	Signature of	: []	registere W	d agent of the ago	my		and accept the obligat					
MGRM Hahne, William G III  1555 NE 35 Street  Oakland Park, FL 33334  4 0 0 0 4 3 5 5 7 2 9 4 12/2 /04 - 010/49 - 010 ***100 010  4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<b>10.</b> Name	es and Street	Addresse	s of Managing Mer	mbers/Managers				•			
12.72 /0401(149010 ***100.00  4 00043557294  12.72 /04 91949 011 ***50.00  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	Titles				ers	Each Nanager	1 City / State / Zip					
12/2 /0401049010 ***100.00  4 0004-355729-4  12/2 /04 01049-011 ***50.00  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	MGRM	Hahne, William G III			1555 NE 35 Street			Oakland Park, FL 33334				
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Typed or printed name of signing Managing Member/Manager \_