

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV -3 AM 8:41

DOCUMENT #

1. Limited Liability Company's Name

Victoria Palms, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2420 Enterprise Rd.

3. Mailing Office Address

2420 Enterprise Rd.

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip

33763

Country

USA

Zip

33736

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 02/02/2005

6. FEI Number

30-3716487

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

Christopher Benham

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

2420 Enterprise Rd.

Suite, Apt. #, Etc.

Suite 201

City

Clearwater, Florida

State

FL

Zip Code

33736

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Date 10-8-2009

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
MGR	NSI Management Inc.	2420 Enterprise Rd., Ste. 201	Clearwater, Florida 33736

REINSTATEMENT

2009

500162183775
10/26/09-01064-021 ***238.75

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

P. Orville GEN PARTNER OF
MANAG MEMBER

Date 10/22/09

Daytime Phone #

727-794-2750

Typed or printed name of signing Managing Member/Manager

T. Hampton NOV - 2009