

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -5 PM 4:49

DOCUMENT # N02000000503

1. Corporation Name

GENERACION VICTORIOSA, INC.

2. Principal Office Address

12250 John Young Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

5746 Marlin Road

Suite, Apt. #, etc.

Suite 500

City & State

Orlando, FL

City & State

Chattanooga, TN

Zip

32837

Country

USA

Zip

37411

Country

USA

REINSTATEMENT 05
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/02

5. FEI Number

42-1531965

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Omayra Font

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

12250 John Young Parkway

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Omayra Font

Date

1/28/2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir/Pres	Rodolfo O. Font	12428 Holly Jane Ct.	Orlando, FL 32824
Dir/VPres	Omayra Font	12428 Holly Jane Ct.	Orlando, FL 32824
Dir/Treas	Lillian Gutierrez	3113 Crystal Creek Blvd.	Orlando, FL 32837
Director	Linette Hernandez	541 Wechsler Circle	Orlando, FL 32824
Director	Eric Diaz	919 Girard Dr.	Orlando, FL 32824
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Rodolfo O. Font

423.892.4882

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #