

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 MAY 31 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02000000687

1. Corporation Name

VICTORY REEF WAREHOUSES CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address

8725 SW 129th Street

Suite, Apt. #, etc.

3. Mailing Office Address

8725 SW 129th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33176

Country

USA

Zip

33176

Country

USA

REINSTATEMENT 03-06

4. Date Incorporated or Qualified To Do Business in Florida 1/28/2002

5. FEI Number

59-1834246

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

Michael E. Rehr, Esq.

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

9500 So. Dadeland Blvd.

Suite, Apt. #, Etc.
suite 550

City
Miami

State
FL

Zip Code
33156

600076206636
06/14/06--01042--019 **420.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/19/06

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
P	Jim Larson	8725 SW 129th Street	Miami, FL 33176
V	Curtis Larson	8725 SW 129th Street	Miami, FL 33176
T	Adam Tavaloky	8723 SW 129th Street	Miami, FL 33176

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Larson

Date

5/15/06

305-251-6303

Daytime Phone #