

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000003751

FILED  
Nov 13, 2009  
Secretary of State

**Entity Name:** VICTORY COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

20515 NW 21 AVE  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

20515 NW 21 AVE  
MIAMI GARDENS, FL 33056

**New Mailing Address:**

**FEI Number:** 30-0201426      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MINIKWU, VICTOR  
20515 NW 21 AVE  
MIAMI GARDENS, FL 33056      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VICTOR MINIKWU

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MINIKWU, VICTOR  
Address: 20515 NW 21 AVE  
City-St-Zip: MIAMI, FL 33056

Title: D      ( ) Delete  
Name: MEGBULUBA, OMA  
Address: 4158 INVERARRY DRIVE #209  
City-St-Zip: MIAMI, FL 33317

Title: D      ( ) Delete  
Name: CHIMARA, ENDWELL  
Address: 2465 NW 207 ST  
City-St-Zip: MIAMI, FL 33056

Title: D      ( ) Delete  
Name: MILLS, VANESSA  
Address: 10033 NW 22ND AVE.  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR MINIKWU

ED

11/13/2009

Electronic Signature of Signing Officer or Director

Date