

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000001792

1. Corporation Name

VIKTORIA ENTERPRISES, INC

W/- 33185

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

690 RIVERSIDE DRIVE

Suite, Apt. #, etc.

City & State

ORMOND BEACH

Zip

32176

Country

USA

3. Mailing Office Address

1515 RIDGEWOOD AVE

Suite, Apt. #, etc.

A

City & State

HOLLY HILL, FL.

Zip

32117

Country

USA

05-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1999

5. FEI Number

59-3614683

☐ 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

JOSEPH A LOGUIDICE, CPA

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

1515 RIDGEWOOD AVE

Suite, Apt. #, Etc

A

City

HOLLY HILL

State

FL

Zip Code

32117

000183192770
08/30/10--01018--002 **\$600.00

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

REGISTERED AGENT MUST SIGN

Date

7-6-10

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	PAUL ANDRINOPOULOS	690 RIVERSIDE DRIVE	ORMOND BCH, FL 32176

7-6-10 3864535178

10. E-mail Address:

(To be used for future annual report notification)

11. 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, I further certify, 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:

Paul Andrinopoulos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #