

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN 14 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034613

1. Corporation Name

VICTOR SERVICES, INC.

2. Principal Office Address

4140 N.W. 79th AVENUE

Suite, Apt. #, etc.

1B

City & State

MIAMI FLORIDA

Zip

33166

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0996301

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

ONEIDA S. MONTES

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

4140 N.W. 79th AVENUE

Suite, Apt. #, Etc.

1 B

City

MIAMI

State

FL

Zip Code

33166

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

Oneida Montes
REGISTERED AGENT MUST SIGN

Date **01-04-02**

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
PD	ONEIDA S. MONTES	4140 N.W. 79th AVEN #1B	MIAMI FL 33166

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:

Oneida Montes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/02

Date

(805) 716-8317

Daytime Phone #

CR2001 (9/00)

January 04, 2002.

FLORIDA DEPARTMENT OF STATE
Katherine Harris, Secretary of State.
Division of Corporation
P.O. Box 6327 Tallahassee, FL 32314.

Re: Corporate Annual Fee # P00000034613

Dear. Secretary of State:

The Purpose of this letter is to request an exemption of penalty for late payment of
VICTOR SERVICES, INC.

The late payment it's because I never receipt any document from FLORIDA DEPARTMENT OF STATE , for annual fee about this Corporation, may be was wrong mail because I have moved from original address, this is my first corporation and I have not any experience about it, justly I start up my Business this last year 2001, and I need reinstate this inactive corporation for annual fee payment because I, unknown about this annual fee.

I m requesting said exemption because my business is on difficult economic situation to and I hope from you, a favorable comprehension for me in this **reinstatement application.**

I have attached payment of annual fee for \$150.00

Should you have any question regarding this reinstatement, please call me at telephone number (305) 716-8317.

VICTOR SERVICES, INC.

Oneyda Montes
ONEYDA S. MONTES (P=)