PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000065518**

1. Corporation Name

VICTOR LOCKE, INC.

Principal Place of Business	Mailing Address
12342 CLEAR LAGOON TRAIL JACKSONVILLE FL 32246	12342 CLEAR LAGOON TRAIL JACKSONVILLE FL 32246

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **06/28/2001**

5. FEI Number: **59-3726068** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LOCKE, VICTOR	12342 CLEAR LAGOON TRAIL	JACKSONVILLE FL 32246

400023970794
10/21/03--01062--019 **150.00

8. Name and Address of Current Registered Agent

LOCKE, VICTOR
12342 CLEAR LAGOON TRAIL
JACKSONVILLE FL 32246

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____ Date Oct 15, 2003

REGISTERED AGENT MUST SIGN

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 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: _____ Victor Locke President Oct 15, 2003 904-221-4345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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VICTOR LOCKE INC.

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations

I have not received the Uniform Business report for 2003 Calendar Year, and I wish to remain Incorporated. Enclosed is a check for the $150.00 for profit corporation.

Sincerely,
Victor Locke

President
Victor Locke Inc.

12342 Clear Lagoon Trail
904-221-4345