

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P02000023114

1. Corporation Name

VICTOR & ASSC. INC.

Principal Place of Business

4381 17TH AVE S.W.  
NAPLES FL 34116

Mailing Address

4381 17TH AVE S.W.  
NAPLES FL 34116

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

2. New Principal Office Address, If Applicable

4401 28th Ave S.W.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4401 28th Ave S.W.  
Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34116

Country

U.S.

Zip

34116

Country

U.S.

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/2002

5. FEI Number

03-0400626

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
PD	MARRERO, VICTOR F	4381 17TH AVE S.W. 4401 28th Ave S.W.	NAPLES FL 34116

000024799700  
11/18/03--01045--014 \*\*150.00

8. Name and Address of Current Registered Agent

MARRERO, VICTOR F  
4381 17TH AVE S.W.  
NAPLES FL 34116

9. Name and Address of New Registered Agent

Name

MARRERO Victor F.

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

4401 28th Ave S.W.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34116

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

X SIGNATURE: VICTOR F. MARRERO

REGISTERED AGENT MUST SIGN

Date

X 11/13/03

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:

X SIGNATURE: VICTOR F. MARRERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 11/13/03

Daytime Phone #

CR2E040 (7/03)

November 3, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

To whom it may concern:

Through  
this letter I certify that the 2003 or prior UBR notices were not recieved.

Sincerely,

  
\_\_\_\_\_  
Victor F. Marrero  
President And Regestered Agent

Corporation Name: Victor & Assoc. , Inc.  
Document Number: PO 2000023114