

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 15 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000096969**

1. Corporation Name

VICTORIA'S TREASURE, INC.

Principal Place of Business

Mailing Address

17100 BOCA CLUB BLVD #1
BOCA RATON FL 33487

17100 BOCA CLUB BLVD #1
BOCA RATON FL 33487



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

09/09/2002

5. FEI Number

30-0114543

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
D	BUROVA, VICTORIA	17100 BOCA CLUB BLVD #1	BOCA RATON FL 33487

9000023800709
10/15/03--01009--007 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUROVA, VICTORIA
17100 BOCA CLUB BLVD #1
BOCA RATON FL 33487

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Victoria Burova
REGISTERED AGENT MUST SIGN

Date 10/09/03

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

Victoria Burova
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/03 (561)998-4630
Date Daytime Phone #

Victoria Burova
Victoria's Treasure, Inc.
17100 Boca Club Blvd #1
Boca Raton, FL 33487
FEI Number 30-0114543

October 9, 2003

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Mrs. Hood,

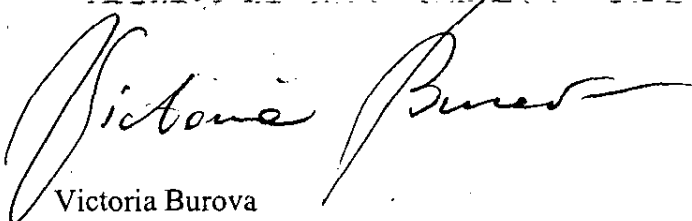
I received an Application for Reinstatement for my company Victoria's Treasure, Inc, which I filled out and am sending back. I am upset due to the fact that I never received any paperwork or letter telling me that I had to pay \$150 and that I had a deadline. Now I am told that my Corporation has been shut down and the reinstatement fee is \$600.00. I do not have a very profitable company yet and I cannot afford \$600.00.

Can you please, allow me to pay the original price of \$150, so that I may stay in business? Please, reconsider helping me out in this situation since I never received any warning or paperwork.

Please help me out. This is my first year and I never even knew that I had to pay a yearly fee. It will never happen again.

Thank you very much for your time,

Yours Truly



Victoria Burova

Enclosed, please find a check in the amount of \$158.75. Please, apply \$150 towards the yearly filing fee and \$8.75 - towards Certificate of Status. Thank you very much.