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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 26 AM 10:25

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000102614

1. Corporation Name

VICTORIA ENTERPRISE OF SOUTH FLORIDA, INC.
2080 NORTH WEST 99th AVENUE
PEMBROKE PINES, FLORIDA 33024

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

2080 NORTH WEST 99th AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES

City & State

FLORIDA 33024

Zip

33024

Country

BROWARD

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

#54-2073780

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

CARL S. PITTER

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

7435 NORTH WEST 57th STREET

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33319

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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 T D	COURTNEY W. BRAMWELL	2080 N.W. 99th AVENUE	PEMBROKE PINES, FL 33024
VP/S/D	CURL, B. BRAMWELL	2080 N.W. 99th AVENUE	PREMBOKE PINES, FL 33024

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

SEPTEMBER 19th, 2007

Date

Daytime Phone #

800109932958
09/26/07--01011--013 **600.00

Paper

VICTORIA ENTERPRISE OF SOUTH FLORIDA, INC.
2080 NORTH WEST 99TH AVENUE
PEMBROKE PINES, FLORIDA 33024

September 18th, 2007

Annual Report Filings
Division of Corporations
409 East Gain Street
Tallahassee, Florida 32399

RE: Annual Report Renewal
Document #: P02000102614

Dear Sir/Madam:

Please be advised that I was just notified by my accountant that my corporation VICTORIA ENTERPRISES OF SOUTH FLORIDA , INC is inactive due to the non filling of the 2004 through 2007 Annual Report. I did not receive a 2004 Annual Report Renewal form from your office and did not realize that one must be filed each year on or before in order to keep our Corporation active, In September 2007 I spoke to your office regards to this matter and was inform that I could file a REINSTATEMENT annual report for 2007

Upon receiving this information, We were told that in our circumstance we could download the Annual Report form and submit it along with a check in the amount of \$600.00

I have enclosed the completed Uniform Business Report form along with a check for \$600.00 as instructed by your office. Please accept this payment and process the Uniform Business Report.

Your kind consideration in this matter will be greatly appreciated.

Sincerely

Courtney W. Bramwell

