

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR -1 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000039549**

1. Corporation Name
VICTOR STUDIOS INC

2. Principal Office Address
4265 NW 167 TH ST

3. Mailing Office Address
4265 NW 167 TH ST

REINSTATEMENT 04-05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI

City & State
MIAMI

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
11-3684329

Applied For
Not Applicable

Zip Country
33055 DADE

Zip Country
33055 DADE

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

7. Name and Address of Current Registered Agent

Name
VICTOR PEREZ

Street Address (P.O. Box Number is Not Acceptable)
4265 NW 167 TH ST

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33055

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	PEREZ, VICTOR	4265 NW 167TH ST	MIAMI, FL 33055
			600050693436 04/14/05--01010--003 **300.00
			<i>[Handwritten Signature]</i>

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/05

Date

954-861-2673

Daytime Phone #

CR2E081 (01/05)

**VICTOR STUDIOS
4265 NW 167TH STREET
MIAMI, FL 33055**

March 28, 2005

**Department of State
Division of Corporations**

Reference: Waiver year 2004
Document Number: P03000039549

We are requesting a waiver for year 2004, because we did not receive prior notice about this payment.
Thank you for your understanding,

Sincerely,

A handwritten signature in black ink, appearing to read "Victor Studios Inc.", written in a cursive style.

VICTOR STUDIOS INC