


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000071335					
1. Entity Name VICTORIAN GARDENS ANTIQUES AND COLLECTIBLES, INC.					
Principal Place of Business 456 TAMARIND PARK LANE KISSIMMEE, FL 34758			Mailing Address 456 TAMARIND PARK LANE KISSIMMEE, FL 34758		
2. Principal Place of Business 30 BROADWAY Suite, Apt. #, etc.		3. Mailing Address 456 TAMARIND PARK LANE Suite, Apt. #, etc.			
City & State Kissimmee FL.		City & State Kissimmee FL.		4. FEI Number 03-0521827	
Zip 34741	Country OSCOLA	Zip 34758	Country OSCOLA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENDER, ELIZABETH F 4906 WILLOWBROOK CIR WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIANT, SHELLY L 456 TAMARIND PARK LANE KISSIMMEE, FL 34758	06/21/05--01035--002 *\$300.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIANT, DALE 456 TAMARIND PARK LANE KISSIMMEE, FL 34758	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shelly L. Fiant 6-14-05 407-908-9982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
05 JUN 23 PM 3:58
SECRET
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05
06/15/2005 10:00 AM
06/21/05 10:04 AM