

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009 JAN 21 PM 2:03

DOCUMENT # P04000014500

1. Corporation Name

Victor Law Center, P.A.

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

Suite, Apt. #, etc.  
Suite 003

City & State

Stuart, Florida

Zip

34996

Country

USA

3. Mailing Office Address

3601 E. Ocean Blvd.

Suite, Apt. #, etc.  
Suite 003

City & State

Stuart, Florida

Zip

34996

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

01/14/2004

5. FEI Number  
None

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

**7. Name and Address of Current Registered Agent**

Name

Victor-Laguerre, Danie

Street Address (P.O. Box Number is Not Acceptable)  
3601 E. Ocean Blvd.

Suite, Apt. #, Etc.  
Suite 003

City

Stuart, Florida

State

FL

Zip Code

34996

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
D.	Victor-Laguerre, Danie	3601 E. Ocean Blvd., Suite 003	Stuart, Florida 34996

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

772-834-5000

Daytime Phone #



# The Law Offices of Danie Victor-Laguerre, Esq., P.A.

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*Danie Victor-Laguerre, Esq.*  
*Member of the Florida Bar*  
*Member of the American Bar Association*

3601 East Ocean Boulevard  
Suite 003  
Stuart, Florida 34996-6737  
United States of America  
Phone (772) 283-2868  
Toll Free (800) 722-2230  
Fax (772) 283-2331

180 NW 3rd Avenue  
Suite B  
Okeechobee, Florida 34972  
United States of America  
Phone (863) 467-9119  
Toll Free (800) 722-2230  
Fax (863) 467-9115

January 14, 2009

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Victor Law Center, P.A.**  
**Document # P04000014500**

To Whom It May Concern:

Enclosed please find a completed Application for Corporation Reinstatement for the above referenced corporation. Also enclosed is a check in the amount of Four Hundred Fifty-Eight Dollars and Seventy-Five Cents (\$8.75) as payment for the reinstatement fee as well as Certificate of Status.

If you should have any questions or concerns, please do not hesitate to contact me at either my office (772) 283-2868, or on my cell phone, (772) 834-5000.

Sincerely,

*dmm Danie Victor-Laguerre*

Danie Victor-Laguerre, Esquire  
DVL/dmm

Enclosures