

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000163773 1. Entity Name VIKTORIA CLOSET INC				FILED 06 MAY -1 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4279 N.W. 89 AVE., APT. 205 CORAL SPRINGS, FL 33065		Mailing Address 4279 N.W. 89 AVE., APT. 205 CORAL SPRINGS, FL 33065			
2. Principal Place of Business 9645 NW 4 ST		3. Mailing Address 9645 NW 4 ST			
Suite, Apt. #, etc. SC		Suite, Apt. #, etc. SC			
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL			
Zip 33071		Country		4. FEI Number 20-2347176	
Zip 33071		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOGAN, VOLF 4279 N.W. 89 AVE., APT. 205 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9645 NW 4 ST. #5C City CORAL SPRINGS FL Zip Code 33071	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	D KOGAN, VOLF- 4279 N.W. 89 AVE., APT. 205 CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOGAN VOLF 9645 NW 4 ST #5C CORAL SPRINGS FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4.28.2006 Daytime Phone #		