

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1022

06 JUL 31 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000018232**

1. Corporation Name
VICTOR'S STEEL CORP

2. Principal Office Address
450 NW 71 ST

3. Mailing Office Address

REINSTATEMENT 1995-2006

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI

Zip

Country

Zip

Country

33150 MIAMIDADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

2308428180620

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

VICTOR ARIAS

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

1400 NE 17A ST.

Suite, Apt. #, Etc.

700078486447

08/08/06 01064 027 **1915.00

City

NORTH MIAMI BEACH, FL

State

FL

Zip Code

33162

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

VICTOR ARIAS

Date

7/27/06

REGISTERED AGENT MUST SIGN

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
OWNER	VICTOR V. ARIAS	1400 NE 17A ST	N. MIAMI BEACH 33162

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/06

Daytime Phone #

305 4318695

CRZED81 (9/95)

292

7/27/06

VICTOR ARIAS
450 NW 71 ST
MIAMI FL 33150

I haven't received the 1995
Restatement Form in my new
address.

Very truly

Victor Arias

