

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REVOKED
AND
FILED

98 DEC 11 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P94000028032

1. Corporation Name
VICTORIAN GARDENS, INC.

Principal Place of Business Mailing Address

917 E SILVER SPRINGS BLVD 917 E SILVER SPRINGS BLVD
OCALA FL 34471 Ocala FL 34471



REINSTATEMENT 98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **04/11/1994**

5. FEI Number **59-3249121**

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ADOLF, CHARLES P	410 SW 36TH PL.	OCALA FL
VTS	ADOLF, BRENDA	410 SW 36TH PL.	OCALA FL

400002715354--9
-12/18/98--01008--011
****750.00 ****750.00

12/11/98

8. Name and Address of Current Registered Agent

ADOLF, BRENDA G
917 E SILVER SPRINGS BLVD
OCALA FL 34471

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Brenda G Adolf* **SIGNATURE REQUIRED** Date **12/9/98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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.

CHARLES P ADOLF PRESIDENT

SIGNATURE: *Charles P Adolf* **SIGNATURE REQUIRED** Date **12/9/98** Daytime Phone # **352-351-5983**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)