

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 MAR -5 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 95000061030

1. Corporation Name

VICTORIA WHOLESALE, INC.
3360 N.W. 37th STREET
MIAMI, FLORIDA 33142

Principal Place of Business

3360 N.W. 37th STREET
MIAMI, FLORIDA 33142

Mailing Address

P.O. BOX 421590
MIAMI, FLORIDA 33242

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

2. New Principal Office Address, If Applicable

3360 N.W. 37th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33142

Zip

33142

Country

U.S.A.

3. New Mailing Office Address, If Applicable

P.O. BOX 421590

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33142

Zip

33242

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1995

5. FEI Number

65-0618475

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
e.g. P/T/D	EBERLE FRANCOIS	7501 E. TREASURER DR.	NORTH BAY VILLAGE, FL 33141
e.g. V-P/D	VOLETTE A. ANOZARD	1305 N.W. 203 STREET	MIAMI, FLORIDA 33169
e.g. S/D	LOUISE M. VICTOR	1202 N.E. 117 STREET	MIAMI, FLORIDA 33161

REINSTATEMENT

96-98

G. Alan

3/5/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

VOLETTE A. ANOZARD

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

1305 N.W. 203rd STREET

Suite, Apt. #, Etc.

City

MIAMI

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

REGISTERED AGENT MUST SIGN

Date

2/3/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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.

SIGNATURE:

VOLETTE A. ANOZARD, V-P/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/98

Daytime Phone #

(305) 685-9662

CR2E040 (12/96)