FOR REINSTATEMENT	Sandra B. Morthan Secretary of State DIVISION OF CORPORATION	ı	FILED
DOCUMENT # PO Corporation Name Victor's Cotto	160000 43 ige, Frc.	43 98	JUL -9 PM 3: 44 CRETARY OF STATE LAHASSEE, FLORIDA
Principal Place of Business 1201 Bermuda 54 Clearwater, F1 337 1928 Overbrook Ave. C If above addresses are incorrect in any way, line through	igh incorrect information and enter correcti	4aSt, 33755 on below.	
2. New Principal Office Address If Applicable 100 Bermuda 51 Clw F1 397 Suite Apt, #, etc. 33755	3. New Mailing Office Address, If Applica 5. IAOI BETMUGA Suite, Apt. #, etc.	To Do Business 5. FEI Number	in Florida Feb 15,1996
City & State arwater F1 Zip 33755 Proellas	City's State Plant Party Agree Property 23755	6.	363990 Not Applicable STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Name of Officers and/or Directors	Street Add Officer and	ress of Each	City / State / Zip
Pres Margo Cody	203 5 May	Office Box Numbers) 4	lrystal Beach, Fl 34684
Treas Pamela D. Kell	er 807 Lotu	s Path C	learwater, Fl 34615
	REINST	ATEMENT	-07/1373801133021 *****908.75 *****908.75
	12		06
8. Name and Address of Current Re	gistered Agent	9. Name and Addre	ss of New Registered Agent
TomacNash Name Margo B. Cody			
400 Clevelan	dst. Stree	1201 Bern	
400 Cle velau Zighth Floor Clearwater, Fl	1	Api. #, Eic. Clearwater	State Zip Code FL 33755
10. I, being appointed the registered agent of the above Signature of Registered Agent REGI	named corporation, am familiar with and a Cody STERED AGEN MUST SIGN		7.0505, F.S. ate 7/7/98
11. This corporation owes or has Intangible Personal Property	paid the current year 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.			
SIGNATURE: Margo B. Cody Margo B. Cody 7/7/98 313-448-009			

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.