

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 FEB 19 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014552

1. Corporation Name

VICTORIAN MILLWORKS, INC.

Principal Place of Business

3144 E STATE RD 60
VALRICO FL 33594

Mailing Address

3144 E STATE RD 60
VALRICO FL 33594

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

2. New Principal Office Address, If Applicable

5709 A E HANNA AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5709 A E HANNA AVE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1996

5. FEI Number

59-3166281

Applied For

Not Applicable

City & State

TAMPA FLA

City & State

TAMPA SAME FL

Zip

33610

Country

HILLSBOROUGH

Zip

33610

Country

HILLSBOROUGH

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
D	CAIN, JOSEPH JR G.	3144 E STATE RD 60 5709 A E HANNA AVE	VALRICO FL 33594 TAMPA FL 33610

000002436730--2
-02/20/98--01099--011
****900.00 ****900.00

8. Name and Address of Current Registered Agent

CAIN, JOSEPH JR
3144 E STATE RD 60
VALRICO FL 33594

9. Name and Address of New Registered Agent

Name
JOSEPH G. CAIN JR.
Street Address (P.O. Box Number is Not Acceptable)
5709 A E HANNA AVE
Suite, Apt. #, Etc.
City
TAMPA
State
FL
Zip Code
33610

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/12/98

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

2/12/98 813-622-7299
Date Daytime Phone #

CFR2040 (9/97)