

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P 96 0000 13463**

1. Corporation Name

Victory Plaza, Inc.

2. Principal Office Address

6050 Moncrief Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32208

Country

U.S.A.

3. Mailing Office Address

6050 Moncrief Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32208

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/29/1996

5. FEI Number

59-3419258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

FILED
2002 JAN 18 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Lorenzo Moore

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

6050 Moncrief Avenue

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32208

700004931427-4
-02/15/02--01063--011
***1050.00 ***1050.00

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

Lorenzo Moore

REGISTERED AGENT MUST SIGN

Date **1/16/2002**

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
P,D	Lorenzo Moore	6050 Moncrief Avenue	Jacksonville, FL 32208
S,D	Kathleen Daughtry	3441 Beauclerc Road	Jacksonville, FL 32256
T,D	Robert Irion	1301 Riverplace Blvd #2014	Jacksonville, FL 322-7

REINSTATEMENT **01-02**
CC

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.

Lorenzo Moore

SIGNATURE:

Lorenzo Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2002 (904) 353-9750

Date

Daytime Phone #

CR2E081 (9/01)

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/St/Zip

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- VICTORY PLAZA, INC.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input checked="" type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

RECEIVED
02 JAN 18 AM 10:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA