

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV -7 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000013318**

1. Corporation Name

VIC MANAGEMENT, INC.

2. Principal Office Address

21 Old Kings Rd

Suite, Apt. #, etc.

Suite B212

City & State

Palm Coast FL

Zip

32137

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 20002002

4. Date Incorporated or Qualified
To Do Business in Florida

8 FEB 99

5. FEI Number

593545311

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Victor Piankov

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

25 Island Estates Prky

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

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

Jeff Parsons

REGISTERED AGENT MUST SIGN

Date **6 NOV 02**

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	Victor Piankov	25 Island Estates Prky	Palm Coast FL 32137
V	Jeff Parsons	35A Plateau Ln	Palm Coast FL 32164

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.

SIGNATURE:

Jeff Parsons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 NOV 02

Date

386-446-1611

Daytime Phone #

CR2E081 (9/01)