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| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 05 HAR -7 AH II: 48 |
| DOCUMENT # P990000/33/8 | | andian 'ara |
| 1. Composition Name | | TÄLLÄPÄSSEE, ET ORIDA |
| Vic Man | agement, Inc. | |
| · · · · · · | ga waa j | |
| | | , |
| 2. Principal Office Address | 3. Mailing Office Address | |
| 1405 Beach St | 140 South Beart St | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| 300 | 300 | 4. Date incorporated or Qualified To Do Business in Florida 02-08-99 |
| City & State | City & State | To Do Business in Florida O2 - 08 - 99 5. FEI Number Applied For |
| Daytora Beacht) | Ray Foresteach Fl | 59-35453// Not Applicable |
| 32114 (15 A) | Zip Country | 6. CERTIFICATE OF STATUS DESIDED 33.75 Additional Fee required |
| 32114 USA | 1 4 977 | or a Certificate of Status |
| Name 6 / C | 7. Name and Address of Current Register | ed Agent |
| Victor | Pearkort | , |
| Street Address (P.O. Box Number is Not Acceptable) 3 2 To 4 200 | | |
| Suite, Apt. #, Etc. 03/22/03 01025 012 ***4: J. 00 | | |
| | | |
| City Palm Co | est. | State Zip Code FL 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 Date REGISTERED AGENT MUST SIGN | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | |
| Titles Name of | Street Address of Each | 2 |
| Officers and/or Directors | Officer and/or Director | , City / State / Zip |
| Pres Victor Prairie | kor 32 Jasmine | - Falm Ceast FL 32137 |
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| 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 filling 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. | | |
| and approximen is true and accurate, and my s | ignature una natre una canna logal angez as il made und | |
| SIGNATURE: 3-2-05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | |

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Vic Management, Inc. 21 Old Kings Road Suite B212 Palm Coast, Florida 32137

VICTOR PIANKOV

October 23, 2003

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Vic Management, Inc. P99000013318

To Whom It May Concern:

We are in receipt of your "Notice of Administrative Dissolution or Revocation" packet. However, we never received the annual report/uniform business report, nor the second notice annual reports/uniform business reports. The mailing address you have that the revocation packet was sent to is the correct address. We are afraid that the annual reports/uniform business reports may have gotten inadvertently mailed to the registered agent address shown as: 25 Island Estates Parkway, Palm Coast, Florida 32137. This address is no longer a valid address for the business or myself as the registered agent. The correct business and registered agent address is: 21 Old Kings Road, Suite B212, Palm Coast, Florida 32137. We are requesting that an annual report/uniform business report be sent to us, at our correct address so that we may file without penalty. Please advise. Thank you.

Very Truly Yours;

Victor Piankov President VIC MANAGEMENT, INC.