

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 NOV 19 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **DA9000037508**

1. Corporation Name

VICTORIA DE LILLE, INC.

2. Principal Office Address

1655 Palm Beach Lakes Blvd.

3. Mailing Office Address

1655 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

Suite 900

Suite, Apt. #, etc.

Suite 900

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 22, 1999

5. FEI Number

65-0926001

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

700009354637
12/04/02--01065--025 **450.00

7. Name and Address of Current Registered Agent

Name

Richard P. Zaretsky

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

1655 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.

Suite 900

City

West Palm Beach

State
FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date

November 4, 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
D/T	Merrilee Zielinski	2 Harvard Circle, Suite 400	West Palm Beach, FL 33401
P/S	Elliott J. Burko	405 Park Avenue, Suite 801	New York, NY 10022

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/2002

Daytime Phone #

(212) 838-1937

CR2E081 (9/01)

ELLIOTT JAY BURKO

ATTORNEYS AT LAW

405 PARK AVENUE NEW YORK, NEW YORK 10022-4405 (212) 838-1937

FAX (212) 421-0738

November 14, 2002

State of Florida
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Attn: Marquitta Williams

Re: Corporation Reinstatement
(Waiver of Fee)
VICTORIA DE LILLE, INC.

Dear Ms. Williams:

Pursuant to our recent telephone conversation please find enclosed herewith the duly executed requisite form for Corporation Reinstatement of the above named Florida corporation.

Also enclosed is the corporation's check, no. 1207, payable to the Florida Department of State in the amount of \$450.00 for fees.

You will recall that you confirmed to me that the corporation's annual report forms had been returned to your office as "undelivered" and that, therefore, you agreed to waive the reinstatement fee (\$600) which would have been otherwise due.

Kindly confirm to me once you have completed reinstatement of the corporation as herein requested.

Thanking you for your attention and cooperation, I remain,

Very truly yours,


Elliott J. Burko

enc.
vic-1114.1a