


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000037508 1. Entity Name VICTORIA DE LILLE, INC.	
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FILED

05 NOV 29 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1655 PALM BEACH LAKES BLVD SUITE #900 WEST PALM BEACH, FL 33401	Mailing Address 1655 PALM BEACH LAKES BLVD SUITE #900 WEST PALM BEACH, FL 33401
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2. Principal Place of Business	3. Mailing Address	10222005	REIN-P	CR2E098 (6/04)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0926001		
City & State	City & State	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

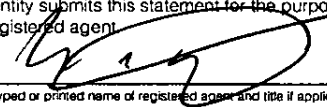
ZARETSKY, RICHARD P
 1655 PALM BEACH LAKES BLVD.
 SUITE 900
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

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

 City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

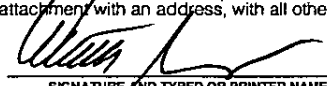
SIGNATURE  **Richard P. Zaretsky** 8/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		Delete
TITLE	DT	<input type="checkbox"/>
NAME	ZIELINSKI, MERRILEE	
STREET ADDRESS	2 HARVARD CIRCLE, SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	PS	<input type="checkbox"/>
NAME	BURKO, ELLIOTT J	
STREET ADDRESS	405 PARK AVE., #801	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE	11/29/05 - 01059 - 003	<input type="checkbox"/>	<input type="checkbox"/>
NAME	200061756482		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	BURKO, ELLIOTT J.		
STREET ADDRESS	245 FIFTH AVE. (#1900)		
CITY-ST-ZIP	NEW YORK, NY 10016-8728		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Elliott J. Burko** 11/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(212) 838-1937 Daytime Phone