

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUN 24 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Victory Entertainment Corp.

2. Principal Office Address

P.O. Box 680308

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32868

Country

USA

3. Mailing Office Address

101 W. End Ave

Suite, Apt. #, etc.

Apt. PH F

City & State

NY, NY

Zip

10023

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/1999

5. FEI Number

59-3579507

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

Ormando Gomez

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

4901 NW 17th Way

Suite, Apt. #, Etc.

STE 405

City

Ft. Lauderdale

State

FL

Zip Code

33309

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

[Signature]

Date 5/22/02

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ormando Gomez	4901 NW 17th Way STE 405	Ft. Laud, FL 33309
D	Stuart Frank	2709 Coventry Ln.	Ocoee, FL 34761
D	Paul Henderson	237 Lookout Place 2nd Floor E	Maitland, FL 32751
D	David Rooney	45 St. Mary's St.	St. John's, Antigua East Caribbean
D	Henry Blummer	101 W. End Ave. Apt. PH F	NY, NY 10023

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:

Henry Blummer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/02

Date

197-862-0684

Daytime Phone #

CR2E081 (9/01)