

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY -4 AM 9:15

DOCUMENT # P99000055122

1. Corporation Name

Victory Health Services Inc.

2. Principal Office Address - No P.O. Box #

18105 SW 150th

Suite, Apt. #, etc

City & State

Miami FL

Zip

33187

Country

Miami-Dade

3. Mailing Office Address

18105 SW 150th

Suite, Apt. #, etc

City & State

Miami FL

Zip

33187

Country

Miami Dade

300180281643

05/04/10--01052--011 \*\*1208.75

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

1998

5. FEI Number

05-0933297

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

Luis A. Estela

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

18105 SW 150th

Suite, Apt. #, Etc

City

Miami

State

FL

Zip Code

33187

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,  
except in circumstances which the entity did  
not receive the prior notices. By checking  
this box, you are certifying the prior  
notices were not received and requesting  
the reinstatement fee be waived.

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

*Luis A. Estela*

REGISTERED AGENT MUST SIGN

Date 4-29-10

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	Luis A. Estela	18105 SW 150th	Miami, FL 33187

REINSTATEMENT 03-10

10. E-mail Address: Emelu@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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: Luis A. Estela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-10

Date

786-29448

Daytime Phone #

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