


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000056040**

1. Corporation Name

VICTORIAN MORTGAGE GROUP, INC.

Principal Place of Business

Mailing Address

30940 TEHO ST.
MT. PLYMOUTH FL 32776

30940 TEHO ST.
MT. PLYMOUTH FL 32776

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

17521 U.S. HWY 441 #9

City & State

MOUNT DORA, FL

Zip

32757

Country

USA

Suite, Apt. #, etc.

17521 U.S. HWY 441 #9

City & State

MOUNT DORA, FL

Zip

32757

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/1999

5. FEI Number

59-3578279-000-000

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	COX, HUBERT S	30940 TEHO ST. <i>35950 HUFFERD</i>	MT. PLYMOUTH FL 32776 <i>EUSTIS, FL. 32736</i>
SD	COX, DIANE S	30940 TEHO ST. <i>35950 HUFFERD.</i>	MT. PLYMOUTH FL 32776 <i>EUSTIS, FL. 32736</i>
			<i>400003441854-7</i> <i>-10/27/00-01025-005</i> <i>****150.00 ****150.00</i>
			<i>10/13/2000</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COX, DIANE S
30940 TEHO ST.
MT. PLYMOUTH FL 32776

Name

COX, DIANE S.

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

35950 HUFFERD.

Suite, Apt. #, Etc.

City

EUSTIS

State

FL

Zip Code

32736

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *10/13/2000*

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 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:

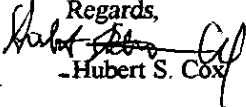
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00 352-735-2336
Date Daytime Phone #

To Department of State
From Victorian Mortgage Group Inc.
Mount Dora Fl 32757
Steve H. Cox President
Date October 16,2000
Docement # P99000056040

The above corporation did not receive notice to file active corporation. Per shawn in your department
I enclosing \$150.00 fee for reinstatement. If you have any questions I can be reached ay 352-735-
2336. Thank you.

Regards,


Hubert S. Cox