

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000106959**

1. Corporation Name

VICTORIA'S OF KEY WEST, INC.

Principal Place of Business

256-528 FRONT STREET
KEY WEST FL 33040

Mailing Address

513 FLEMING ST., STE. 4
KEY WEST FL 33040

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1999

5. FEI Number

65-0966594

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
D	VICTORINE JARDUS, JENNIFER	1400 DUVAL ST.	KEY WEST FL 33040

800034781308
04/30/04--01005--016 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VICTORINE JARDUS, JENNIFER
513 FLEMING ST., STE. 4
KEY WEST FL 33040

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3/31/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Victoria Jardus president 3/31/04

Date

Daytime Phone #

PS 1 32
FILED
04 APR 30 PM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2040 (7/03)

ps 2012

BRISCOE & COMPANY, P.A.

Certified Public Accountants & Consultants

**470 COLUMBIA DRIVE, SUITE G-101
WEST PALM BEACH, FL 33409**

F. RICHARD BRISCOE, M.B.A., C.P.A.
CURTIS L. AZAMA, C.P.A.
BONNIE F. WELSH, C.P.A.
CHARLES E. HEATH, C.P.A.

Telephone (561) 471-8003
Fax (561) 471-7250
E-mail - Briscoepa.com

March 24, 2004

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Re: Victorias of Key West Inc

Due to a business dispute, this business closed their doors in March of 2003. The shareholder/ officer/ director did not receive the 2003 and 2004 annual report forms. Per your instructions, we are inclosing a completed Application for Reinstatement and a check in the amount of \$ 300..

Thank you for your assistance in the matter.

Sincerely,

Briscoe & Company, P.A.



Charles E. Heath, CPA