

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S34659**

1. Corporation Name

VICTORY REALTY INVESTMENTS CORP.

Principal Place of Business

Mailing Address

C/O UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 187TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

C/O UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 187TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

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

C/O United Corporate Services, Inc.
Suite, Apt. #, etc.
9200 So. DADELAND BLVD. / 508
City & State
MIAMI, FL
Zip
33156
Country
USA

C/O United Corp. Services, Inc.
Suite, Apt. #, etc.
9200 So. DADELAND BLVD. / STE 508
City & State
MIAMI, FL
Zip
33156
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1991

5. FEI Number

11-3108864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **TS**

\$375 Annual 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LEVINSON, HARRY	1450 BROADWAY	NEW YORK NY 10019

200003060462--1
-12/03/99--01089--019
***758.75 ***758.75

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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 607.0605, F.S.

Signature of Registered Agent **Will H. Brown, President** **REQUIRED**
REGISTERED AGENT MUST SIGN

Date **11/22/99**

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:

HARRY LEVINSON, PRESIDENT

11/18/99 (212) 575-1400
Daytime Phone # **4224**

CR2504 (8/99)