

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -1 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **SG4008**

1. Corporation Name

Victoria Agency International, Inc.

800025232098
12/04/03--01027--021 **1058.75

REINSTATEMENT 01-03

2. Principal Office Address

2800 Lake Sunset Dr.

Suite, Apt. #, etc.

Suite 1A

City & State

Orlando, Florida

Zip

32805

Country

United States

3. Mailing Office Address

P.O. Box 547732

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32854

Country

7732

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/3/1991

5. FEI Number

593073382

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

Thomas E. Pryor, Jr.

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

2111 E. Michigan Street

Suite, Apt. #, Etc.

202

City

Orlando

State

FL

Zip Code

32806

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

Thomas E. Pryor, Jr.

Date **11/26/2003**

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
POD	Ryan S. Kelly	2203 Jacobs Place Orlando, FL 32805	Orlando, FL 32805

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:

Ryan S. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/2003

Daytime Phone #

321-303-5924

CR2E081 (10/02)