2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # Z00156

1. Entity Name
VICTORMARK, L.C.

Principal Place of Business	Mailing Address
8000 - E NORTH ARMENIA AVE. TAMPA, FL 33604	8000 - E NORTH ARMENIA AVE. TAMPA, FL 33604

10222004   REIN-LLC   CR2E101 (6/04)

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 59-3013836	Applied For Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
ROSENTHAL, MARK S. 8000 - E NORTH ARMENIA AVE. TAMPA, FL 33604	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After January 1, 2005, Fee will be $200.00			**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS / MANAGERS			**10.**			ADDITIONS / CHANGES	
TITLE	M	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	ROSENTHAL, MARK S.		NAME			60004223982 6 10/27/04--01023--006 **150.00	
STREET ADDRESS	8000 E N. ARMENIA AVE.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP				
TITLE	M	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	ROSENTHAL, VICTOR		NAME				
STREET ADDRESS	8000 E N. ARMENIA AVE.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #