


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**  
01 NOV 13 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000026072  
1. Corporation Name  
VICTORIA PARTNERS, INC.

Principal Place of Business Mailing Address  
2060 BISCAYNE BLVD. 2ND FL 2060 BISCAYNE BLVD. 2ND FL  
MIAMI FL 33137 MIAMI FL 33137



**REINSTATEMENT** *01*

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 03/08/2000

5. FEI Number 65-0630141 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, P	BRAMAN, NORMAN	2060 BISCAYNE BLVD, 2ND FL	MIAMI FL 33137
S	KRIEGER, STANLEY J.	2060 BISCAYNE BLVD, 2ND FL	MIAMI, FL 33137
T	BERNSTEIN, ROBERT E.	2060 BISCAYNE BLVD, 2ND FL	MIAMI, FL 33137
			900004706259--2 -12/05/01--01057--021 ****600.00 ****600.00
			900004706259--2 -12/05/01--01057--022 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

KRIEGER, STANLEY J  
2060 BISCAYNE BLVD, 2ND FL  
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code  
FL

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 *Stanley J. Krieger* REGISTERED AGENT MUST SIGN Date 11/8/01

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: *Norman Braman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
NORMAN BRAMAN, Pres/D 11/8/01 305-576-1889  
Date Daytime Phone #

CR2E040 (8/01)