

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED 00 OCT 30 AM 8:58 SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # 740223

1. Corporation Name VIKINGS LANDING PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 2600 SW VIKINGS DR PT ST LUCIE FL 34984 Mailing Address 2600 SW VIKINGS DR PT ST LUCIE FL 34984



REINSTATEMENT

Handwritten initials

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. 1829-B S.E. AIRPORT ROAD STUART, FL. 1829-B S.E. AIRPORT ROAD STUART, FL. Zip 34996-4012 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09/23/1977 5. FEI Number 59-1829342 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include PD LAWRENCE BREault, MUSTAKIM, ALY JOHN SICKLER, SD BROWN, FLOYD, TD CROSBY, JACK, VPD PHIBBS, THOMAS, TD ALSUP, JONNY.

8. Name and Address of Current Registered Agent BREault, LAWRENCE 2674 SE ERICKSON DR PORT ST LUCIE FL 34984 400003471114--9 -11/20/00--01140--019

9. Name and Address of New Registered Agent Name William K. O'Hay Street Address (P.O. Box Number is Not Acceptable) 1829-B S.E. AIRPORT ROAD Suite, Apt. #, Etc. STUART, FL. City STUART State FL Zip Code 34996-4012

10. I, being appointed the registered agent, do hereby accept the obligations of Section 607.0505, F.S. Signature of Registered Agent [Signature] Date 10/27/00 REGISTERED AGENT MUST SIGN

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/27/00 (361) 219-9276 Date Daytime Phone #

CR2E040 (8/00)

KE