

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 17 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1.05000012967

1. Limited Liability Company's Name

Viking Inlet Harbor Properties, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1550 Avenue C

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

Zip

33404

Country

US

3. Mailing Office Address

4 Executive Campus

Suite, Apt. #, etc.

Suite 200

City & State

Cherry Hill, NJ

Zip

08002

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 02/08/2005

6. FEI Number

20-2775308

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

J. S. Family Holdings, Inc.

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

1550 Avenue C

Suite, Apt. #, Etc.

City

Riviera Beach

State

FL

Zip Code

33404

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Ernest M. Nepa V.P., J.S. Family Holdings, Inc Date 01/23/2009
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Viking Inlet Harbor Properties, Ltd.	1550 Avenue C	Riviera Beach, FL 33404
			800142412618 01/29/09--01041--015 **277.50
			800142412618 02/19/09--01002--006 **138.75
			REINSTATEMENT 2007-09 JB

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Ernest M. Nepa V.P. Date 1-23-09 Daytime Phone# 856-488-2500
Viking Inlet Harbor Properties, Ltd. By
Jas Vikce Inc
Ernest M. Nepa

Typed or printed name of signing Managing Member/Manager