

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 FEB -4 PM 1:17

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

DOCUMENT # 769814

1. Corporation Name

Viking Villas Condominium Owners Association, Inc.

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

2006 7th Avenue West

Suite, Apt. #, etc.

3. Mailing Office Address

2006 7th Avenue West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34205

Country

USA

City & State

Bradenton, FL

Zip

34205

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida
August 12, 1983

5. FET Number

59-2620746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard A. Weller, Esq.

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

1401 8th Avenue West

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

REGISTERED AGENT MUST SIGN

Date

1/31/19

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
D	Judy Karkhoff	2006 7th Avenue West, Apt. D	Bradenton, FL 34205

10. E-mail Address: judyk34205@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/2019

Daytime Phone #

T MOORE