PLEASE REAL	ALL INSTRUCTION	S18EFORE C	COMPLETING THIS FORM.	•	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED		
DOCUMENT # FOO DOODYD (18) 1. Corporation Name		97 JAN -7 PM 3:	34		
VIKING Resources International			SECRETARY OF STATE	E VA	
5000 S. Hunges, STE. 33	Mailing Address  Samo Silli			O:	
Tampa, F.1, 33611  Itampa, F.1, 33611  Itampa, F.1, 33611  It above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTATEMENT		
2. New Principal Office Address, If Applicable 5000 S HIMES 3. New Mailing Address, If Source S. I.I.		icable	4. Date Incorporated or Qualified To Do Business in Florida  To Do Business in Florida		
STE 332 City & State TAMPA Florida	STE 333 City's State Tampa Flor	ıda	5. FEI Number 59-3314928	Applied For Not Applicable	
3361 Country 3 361 USA  7. Names and Street Addresses of Each Officer all	13361) Could an appropriate corporation of the corp	USA	CERTIFICATE OF STATUS DESIRE	75 Additional Fee required for a Certificate of Status	
Name of Officers and/or Directors  P/T/ Enic KSon, Days C	3 (Do NOT	Street Address of Each Officer and/or Director Use Post Office Box	or City / St Numbers) 4	tate / Zip	
\$/6		or mine?	, STE 332 Tampa, FL	orkly 22011	
•					
			300002052 -01/09/97 ****375.00	-01086003	
		1021-	1-07		
8. Name and Address of Current Registered Agent  Name			9. Name and Address of New Registered	Agent 8	
			Street Address (P.O. Box Number is Not Acceptable)  Social		
STE PAMPA			332 State	21p Code 33 611	
10. I, being appointed the rigistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent X					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath					
SIGNATURE: X SIGNATURE AND THE OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #					