PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham →FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 97 JAN -7 PM 3:34 DOCUMENT # 🚩 SECRETARY OF STATE TALLAHASSEE, FLORIDA VIKING RESources International Time. Principal Place of Business Mailing Address 5000 S. Himes, STE, 332 5000 S. Himes, STE, 332 Tampa, Fl. 33611 Tampa, Fl. 33611 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 Address, If Applicable SCCO S. HIMES Date Incorporated or Qualified To Do Business in Florida Himes Suite, Apt. #, etc. 5. FEI Number Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRE 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) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers Title(s) City / State / Zip ErickSon, Dario 5000 S. Hirres, STE332 Tampa, Florida 33611 300002052883--9 -01/09/97--01086--003 ****375.00 ****375.00 9. Name and Address of New Registered Agent B. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not A DNN O D. Box Number is Not Acceptab 332 10. I, being appointed the egistered agep ve named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Date 1-4-97 Signature of Registered Agent ERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information No [Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 frustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, 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 oath

SIGNATURE:

1-4-97 813-837-2295