

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 26 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001930

1. Corporation Name
Viking Investment Group II, Inc.

2. Principal Office Address
c/o Gottbetter & Partners LLP
Suite, Apt. #, etc.
488 Madison Ave. Flr 12
City & State
New York, NY
Zip
10022 Country
USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 01-04

4. Date Incorporated or Qualified To Do Business in Florida 4/18/1996
5. FEI Number 510364556 Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Corporation Service Company 500030476315
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St. 03/15/04 01057 004 **1200.00
Suite, Apt. #, Etc. 500030476315 03/15/04 01057 005 **8.75
City Tallahassee State FL Zip Code 32301

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 Deborah D. Skipper Deborah D. Skipper Date 2/26/04
REGISTERED AGENT MUST SIGN Asst. V. Pres.

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
<u>P</u>	<u>Ian Markofsky</u>	<u>c/o Gottbetter & Partners LLP</u>	<u>NY, NY 10022</u>
<u>S</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>D</u>	<u>"</u>	<u>"</u>	<u>"</u>

10. 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] (917) 282-3379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE081 (10/02)

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