

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # L00000014585

01 OCT 19 PM 12:17

1. Limited Liability Company's Name

VIKCO LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

2. Principal Office Address

355 INTERSTATE BLVD.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip Country

34240

3. Mailing Office Address

355 INTERSTATE BLVD.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip Country

34240

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

10/31/2000

6. FEI Number

65-1056835

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CARL SMITH

600004652506-3

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

355 INTERSTATE BLVD.

-10/25/01-01019-019

****150.00 ****150.00

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34240

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

Carl Smith

REGISTERED AGENT MUST SIGN

Date 10/18/01

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
MANAGER	Vikki C. Cook	355 INTERSTATE BLVD.	SARASOTA, FL 34240

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

Vikki C. Cook

Date 10/18/01

Daytime Phone # 941-923-1949

Typed or printed name of signing Managing Member/Manager

Vikki C. Cook