

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT # L00000014585

Name and Mailing Address

0011022 01 AT 0.292 **AUTO TO 0 0615 34240-868555



VIKCO LLC
355 INTERSTATE BOULEVARD
SARASOTA FL 34240-8685



2. New Mailing Address

City, State, Zip

Principal Place of Business

355 INTERSTATE BOULEVARD
SARASOTA FL 34240

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

11/20/2000

6. FEI Number

65-1056835

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

SMITH, CARL
355 INTERSTATE BLVD.
SARASOTA FL 34240

9. Name and Address of New Registered Agent

Name

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

City

100025907421

12/31/03--01071--016 **150.00

FL

Zip Code

10. 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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/30/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	COOK, VIKKI C	355 INTERSTATE BOULEVARD	SARASOTA FL 34240

REINSTATEMENT

03

dec

12. 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

SIGNATURE REQUIRED

Date 12/30/03

Daytime Phone # 941-923-1949

Typed or printed name of signing Managing Member/Manager