

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 -8 AM 11:42

1. DOCUMENT # L01000012263

Name and Mailing Address

0013310 01 AT 0.292 \*\*AUTO TB 2 0615 34991-720707



PRAIRIE VIKING PROPERTIES, L.C.  
PO BOX 2207  
PALM CITY FL 34991-7207



2. New Mailing Address

City, State, Zip

Principal Place of Business

PO BOX 2207  
PALM CITY FL 34991

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

07/23/2001

6. FEI Number

43-2033604  
APPLIED FOR

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

MILO, JOSEPH  
10 SE CENTRAL PKWY #315  
STUART FL 34994

9. Name and Address of New Registered Agent

Name

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

300024621009  
11/13/03--01014--002 \*\*150.00

City

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

*Joseph Milo*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

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
MGRM	MILO, JOSEPH	PO BOX 2207	PALM CITY FL 34991

**REINSTATEMENT** 2003

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 file this application 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

*Joseph Milo*  
**SIGNATURE REQUIRED**

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager:

CR2E034 (7/03)