

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/23/2001	
Principal Place of Business PO BOX 2207 PALM CITY FL 34991	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <u>43-2033604</u> APPLIED FOR	Applied For Not Applicable
8. Name and Address of Current Registered Agent MILO, JOSEPH 10 SE CENTRAL PKWY #315 STUART FL 34994		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>Joseph Milo</i>		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 reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.400, 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* Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager:

CR2E034 (7/03)