PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIAE COMPAN REINSTATEN	Y	Secreta	RTMENT OF STATE ary of State corporations	09 FE	EILED B 17 PM 3: 38	
DOCUMENT # 1.05000012967 1. Limited Liability Company's Name				SECRE TALLAH	TARY OF STATE ASSEE, FLORIDA	
Viking Inlet Harbor Properties, LLC					CR2E041 (10/08)	
,		3. Mailing Office Addr 4 Executive Can			, ,	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA		
		Suite 200		5. Date Organized or Qualified To Do Business in Florida02/08/2005		
City & State Riviera Beach, Fl		City & State Cherry Hill, NJ		6. FEI Number Applied For		
Zip	Country	Zip	Country	20-2°	775308 Not Applicable	
33404	us	08002	US	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent						
J. S. Family Hold	ings, Inc.				reinstatement fee is imposed, except umstances which the entity did not	
Street Address (P.O. Box Number is Not Acceptable) 1550 Avenue C				receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100		
Suite, Apt. #, Etc.						
City Riviera Beach			State Zip Code 733404 reinstatement be waived.			
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 V. P., J. S. Family Holdings, Inc. Date 01/23/2009 REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Members/Managers						
Titles	les Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / State / Zip	
MGPM Viking Inlet Harbor Properties, Ltd.			1550 Avenue C		Riviera Beach, FL 33404	
					0149419610	
·			01/29/	D142412618 0901041015 **277.58		
			800142412618 02/19/0901002006 **138.75			
				<u>UC/13/</u>	U3-TUILUCT-UUD ##136.15	
			REINSTATEMENT 2007-09 18			
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 filling this reinstatement application the reason for dissolution has been eliminated, the limited hability 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 Manager W.P. Date 1-23-09 Daytime Phone# 856-488-2500 Typed or printed name of signing Managing Member/Manager Ernest M, Nepa						
Typed or printed name of signing Managing Member/Manager						