



2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000066111 1. Entity Name VIKING PROTECTIVE GROUP, LLC				<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> FILED 08 OCT -9 PM 4:45 SECRETARY OF STATE TALLAHASSEE, FL 32399 </div>	
Principal Place of Business 1340 HIBISCUS AVE. WINTER PARK, FL 32789		Mailing Address 1340 HIBISCUS AVE. WINTER PARK, FL 32789			
2. Principal Place of Business - No P.O. Box # 1154 Solana Ave.		3. Mailing Address 1154 Solana Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Winter Park, FL		City & State Winter Park, FL		4. FEI Number 81-0677613	
Zip 32789		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, FRANK N III 1340 HIBISCUS AVE. WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Frank Anderson Street Address (P.O. Box Number is Not Acceptable) 1154 Solana Ave. City Winter Park FL Zip Code 32789	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Frank Anderson DATE 10.2.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$238.75 After January 1, 2009, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, FRANK N III 1340 HIBISCUS AVE. WINTER PARK, FL 32789		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anderson, Frank N III 1154 Solana Ave. Winter Park, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<div style="border: 1px solid black; padding: 10px; display: inline-block;"> REINSTATEMENT 2008 </div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Frank Anderson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 10.2.08 <small>Daytime Phone #</small>		