

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2013 NOV 31 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000138330

1. Limited Liability Company's Name

Viking Capital I, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

60 East Simpson Ave.

Suite, Apt. #, etc.

#2869

City & State

Jackson, WY

Zip

83001

Country

USA

3. Mailing Office Address

60 East Simpson Ave.

Suite, Apt. #, etc.

#2869

City & State

Jackson, WY

Zip

83001

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/30/2012

6. FEI Number

80-0864740

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

Name

Gerri Detweiler

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

1037 Greystone Lane

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

E-mail Address:

500254237865
11/26/13--01023--010 **238.75

Info@CorporateDirect.com

(To be used for future annual report notices)

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

Gerri Detweiler

Date

11/20/2013

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Golden Gopher Capital, LLC	60 East Simpson Ave. #2869	Jackson, WY 83001
			S. HAWKES
			DEC 2 - 2013
			EXAMINER

REINSTATEMENT

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 filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Steve C. Hay

Date 11/20/2013

Daytime Phone # 605-334-6644

Typed or printed name of signing Managing Member/Manager

Steve C. Hay, Member of Golden Gopher Capital, LLC - Manager