

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC -7 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001027

1. Limited Liability Company's Name

TVG/VIKING LLC

2. Principal Office Address

100 LOVERS LANE

3. Mailing Office Address

100 LOVERS LANE

Suite, Apt. #, etc.

SUITE #101

Suite, Apt. #, etc.

SUITE #101

City & State

FORT MYERS BEACH, FL.

City & State

FORT MYERS BEACH, FL.

Zip

33931

Country

U.S.A.

Zip

33931

Country

U.S.A.

4. State/Country of Formation

DELAWARE / U.S.A.

**5. Date Organized or Qualified
To Do Business in Florida**

OCTOBER 2000

6. FEI Number

65-0745529

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NATHAN BLACK

600004724786-5

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

100 LOVERS LANE

12/13/01 01061 003

****150.00 ****150.00

Suite, Apt. #, Etc.

SUITE # 101

City

FORT MYERS BEACH

State

FL

Zip Code

33931

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

N. Black

REGISTERED AGENT MUST SIGN

Date *11-8-01*

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
VP	NATHAN BLACK	100 LOVERS LANE /101	FORT MYERS BEACH, FL. 33931

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 608.406, 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

N. Black

Date *11-8-01*

Daytime Phone # *(941) 463-9156*

Typed or printed name of signing Managing Member/Manager NATHAN_BLACK

CR2E041 (9/01)