SECRETARY OF STATE FAULAHASSEE, FLORIDA

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e and Mailing Address

0011011 01 FP 0.352 \*\*PRSRT H3 0 0615 33931-354926 1516աII.dda.dla.dla.dla.bdd.da.ddla.ddl TVG VIKING/LLC 100 LOVERS LANE, SUITE 101 FORT MYERS BEACH FL 33931-3549

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New Mailing Address					DE				
, State, Zip		-5 Date Organized or Qualified To Do Business in Florida 05/23/2000							
, State, 21p			a series and the second contents	Table 1	6. FEI Number Applied For				
ncipal Place of Business 3. New Prin			cipal Place of Business Address		65-0745529		Not Applicable		
100 LOVERS LANE, SUITE 101 FORT MYERS BEACH FL 33931	)1 }31	City, State, Zip			7. CERTIFICATE OF STATUS DESIRED for a Certificate of Status				
PONT WITE IO ==	ļ	An instant or time to other transfer or the		encon orienta removie i della disconi	9. Name and Address of New Registered Agent				
8. Name and Address of Cu	ırrent	Registered Agen	t	Name	9. Name and A	daress of them trogic-			
				1	(P.O. Box Number	is Not Acceptable)			
BLACK, NATHAN 100 LOVERS LANE, SUITE 10	01								
FORT MYERS BEACH FL 339	<del>3</del> 31				FL Zip Code				
		٠		City	and the state of the second section of the	the state of the state of the state of			
O. I, being appointed the registered agent of agent agent agent.	<u>ر.</u> ه	REGISTERED AGE	ENT MUST SIGN	and the state of t	ng ser <u>e</u> nce we consumption of the	Date			
11. Names and Street Addresses of Each Ma		ng Member/Manag	jer	treet Address of E	Each City / State / Zip				
Title(s) Name of Mana Members/Mana	aging		Managing Member/Ma		ınager	FORT MYERS BEACH FL 33931			
MGR BLACK, NATHAN			100 LOVERS	S LANE, SUITE 1	01	FURI MICES SCHOOL			
					60 11/07	000088752 <u>/0201078</u> 003	256 _**150,00		
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12 Logify that Lam managing member/n	manaç	jer or the receiver	or trustee empowe	ared to execute the	is application as pro company name sat	ovided for in chapter 608, F.S tisfies the requirements of sec	i. I further certify that who tion 608.406, F.S., and th Il have the same legal eff		

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 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. Date 11-1-02 Daytime Phone #

Signature of Managing Member/Manager