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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100024379691

11/03/03--01057--025 **150.00

1. **DOCUMENT #** M00000001027

Name and Mailing Address

0014133 01 AT 0.292 **AUTO T1 0 0615 33931-354926



TVG VIKING/LLC

100 LOVERS LANE, SUITE 101

FORT MYERS BEACH FL 33931-3549



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/23/2000	
Principal Place of Business 100 LOVERS LANE, SUITE 101 FORT MYERS BEACH FL 33931	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0745529	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent BLACK, NATHAN 100 LOVERS LANE, SUITE 101 FORT MYERS BEACH FL 33931		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <i>N. Black</i> SIGNATURE REQUIRED Date 10/29/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BLACK, NATHAN	100 LOVERS LANE, SUITE 101	FORT MYERS BEACH FL 33931

REINSTATEMENT **03**
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12. 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 **SIGNATURE REQUIRED**

Date **10/29/03**

Daytime Phone # **(239) 463-9156**

Typed or printed name of signing Managing Member/Manager **NATHAN BLACK**

CR2E084 (7/03)