

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 13 PH 4:32

DOCUMENT # **P00000022536**

1. Corporation Name

VIKING BUILDERS OF SW FLORIDA, INC.

Principal Place of Business

Mailing Address

21338 GRAYTON TERRACE
PT. CHARLOTTE FL 33954

21338 GRAYTON TERRACE
PT. CHARLOTTE FL 33954



REINSTATEMENT

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0895940

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BLOOD, ERIC A	21338 GRAYTON TERRACE	PT. CHARLOTTE FL 33954
P	BLOOD, ERIC A	21338 GRAYTON TERRACE	PT. Charlotte 33954
S	MURPHY, MARTHA	21338 GRAYTON TERRACE	PT. Charlotte 33954
T	Marie Blood	20302 Peachland Blvd.	PT Charlotte 33954

100023748081
10/13/03--01057--014 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLOOD, ERIC A
21338 GRAYTON TERRACE
PT. CHARLOTTE FL 33954

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Eric A. Blood

Date **10 8 03**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

ERIC A. BLOOD
Eric A. Blood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 8 03

Date

Daytime Phone #

941 270 1179
10/13

CR2E040 (7/03)