

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 OCT 20 PM 1:01

DOCUMENT # P00000076102

1. Corporation Name

VIKING MARINA INC.

REINSTATEMENT 04

2. Principal Office Address

3950 PINE ISLAND RD

Suite, Apt. #, etc.

City & State

MATLACHA, FL

Zip 33909

Country U.S.A.

3. Mailing Office Address

3950 PINE ISLAND RD

Suite, Apt. #, etc.

City & State

MATLACHA, FL

Zip 33909

Country U.S.A.

600042031416

10/20/04--01085--010 \*\*758.75

4. Date Incorporated or Qualified  
To Do Business in Florida

8/7/02

5. FEI Number

651032058

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EVEN OREBACH

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

11473 MAY STREET

Suite, Apt. #, Etc.

City

MATLACHA, FL

State

FL

Zip Code

33993

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/25

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| P/D    | EVEN OREBACH                         | 11473 MAY STREET P.O. BOX 188                     | MATLACHA, FL 33993-0888 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

10. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25

Daytime Phone #

(239) 283 8585

CR2E081 (01/04)