## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT:
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00076102

1. Corporation Name

VIKING MARINA INC.

Principal Place of Business

3950 PINE ISLAND RD. MATLACHA FL 33909

Mailing Address

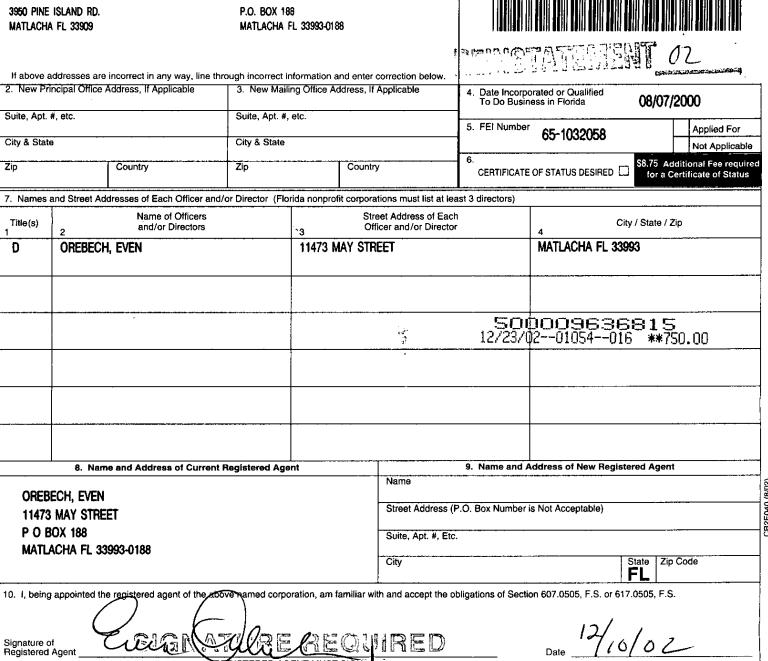
P.O. BOX 188

MATLACHA FL 33993-0188

FILED

02 DEC 23 AM 8: 38

SECRETION OF STATE TALLAHASS & FLORIDA



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

SIGNATURE:

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.