

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -6 AM 9:18

DOCUMENT # P00000090866

1. Corporation Name

VIKING SEAWAYS - THE AMERICAS, INC.

Principal Place of Business

Mailing Address

5306 WARD RD
PLANT CITY FL 33567

5306 WARD RD
PLANT CITY FL 33567



REINSTATEMENT 01-02

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

09/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3672314

Not Applicable

Zip

Country

Zip

Country

34221

U.S.A.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Chairman of Board	Wesley Amundson	7030 Mouza Place	Alta Loma, CA 91701
Secretary Treasurer	Wesley Amundson	7030 Mouza Place	Alta Loma, CA 91701
President	Oddbjorn Blomsøe	4895 Vegarshei	Arendal, Norway
Chief Operating Officer	Oddbjorn Blomsøe	4895 Vegarshei	Arendal, Norway
			300004912553-4 -02/12/02--01071--030 ****150.00 ****150.00 10/2/8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARVEY, CHARLES B
5306 WARD RD
PLANT CITY FL 33567

Name

M. Reba Hunt

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

6600 Buckeye Rd

Suite, Apt. #, Etc.

City

Palmetto

300004912553-4

-02/12/02--01071--031

****150.00 ****150.00

FL 34221

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.

Charles B. Harvey

Signature of
Registered Agent

Charles B. Harvey

REGISTERED AGENT MUST SIGN

Date

Jan 31, 2002

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.

ODDBJORN KR. BLOMSØE

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 31. 02 . 941-720-4138

CR20040 (8/01)