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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 10 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000127468
1. Corporation Name
Viking Seaways Logistics, Inc.
6600 Buckeye Road
Palmetto, FL 34221

REINSTATEMENT 04-07

2. Principal Office Address
6600 Buckeye Rd.
Suite, Apt. #, etc.
City & State
Palmetto, FL.
Zip
34221 Country
Manatee

3. Mailing Office Address
6600 Buckeye Rd.
Suite, Apt. #, etc.
City & State
Palmetto, FL.
Zip
34221 Country
Manatee

4. Date Incorporated or Qualified To Do Business in Florida 11-27-02

5. FEI Number 06-1663083 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 Robert Hunt

Street Address (P.O. Box Number is Not Acceptable)
6600 Buckeye Rd.

Suite, Apt. #, Etc.

City Palmetto, FL 34221 State FL Zip Code 34221

~~800085637798~~
01/23/07--01003--027 **\$600.00

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 [Signature] Date 1-5-2007

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Robert Hunt	6600 Buckeye Rd.	Palmetto, FL 34221
DS	M. Reba Hunt	6600 Buckeye Rd	Palmetto, FL 34221

10. 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 contained in Chapter 119, 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] Date 1-5-2007 Daytime Phone # 941-812-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

XC 01/11

2082

12/05/2007

Viking Seaways Logistics, Inc.
6600 Buckeye Road
Palmetto, Florida 34221

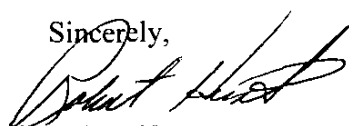
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Document # P02000127468
Reinstatement

Dear Sir or Madam:

We did not receive the annual report notices in 2004 and the corporate office moved to the above address. We are asking to waive the reinstatement fee. We are sending the amount of \$600.00 to cover 2004, 2005, 2006 & 2007.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Hunt", written over the word "Sincerely,".

Robert Hunt
President