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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000127468			
1. Corporation Name <i>VIKing Seaways Logistics, Inc.</i> <i>6600 Buckeye Road</i> <i>Palmetto, FL. 34221</i>			
2. Principal Office Address <i>6600 Buckeye Rd.</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>6600 Buckeye Rd.</i> Suite, Apt. #, etc.	
City & State <i>Palmetto, FL.</i>		City & State <i>Palmetto, FL.</i>	
Zip <i>34221</i>	Country <i>Manatee</i>	Zip <i>34221</i>	Country <i>Manatee</i>

07 JAN 10 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

REINSTATEMENT 04-07

CR2E081 (12/05)

**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 AgentName
Robert Hunt

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

6600 Buckeye Rd.

Suite, Apt. #, Etc.

800085657798

01/23/07--01003--027 **600.00

City
*Palmetto, FL. 34221*State
FL Zip Code
*34221***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
*Robert Hunt*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	<i>Robert Hunt</i>	<i>6600 Buckeye Rd.</i>	<i>Palmetto, FL. 34221</i>
DS	<i>M. Reba Hunt</i>	<i>6600 Buckeye Rd</i>	<i>Palmetto, FL. 34221</i>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2007 941-812-0400

Date

Daytime Phone #

JC 01 / 11

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12/05/2007

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

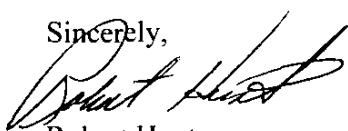
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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,



Robert Hunt
President