

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000146214

1. Corporation Name

Viperfish Inc.

2. Principal Office Address - No P.O. Box #

129 Calabria Springs Cove

Suite, Apt. #, etc.

3. Mailing Office Address

129 Calabria Springs Cove

Suite, Apt. #, etc.

City & State

Sanford, Florida

City & State

Sanford, Florida

Zip

32771

Country

USA

Zip

32771

Country

USA

7. Name and Address of Current Registered Agent

Name

Brett S. Bevitz

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

129 Calabria Springs Cove

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

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 02/06/2008

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
P	Brett S. Bevitz	129 Calabria Springs Cove	Sanford / Florida / 32771
V	Bruce S. Bevitz	1851 Bear Creek Cove	Sanford / Florida / 32771
V	Mavis J. Bevitz	1851 Bear Creek Cove	Sanford / Florida / 32771

REINSTATEMENT

06-08

500117720065
02/11/08--01043--003 **150.00

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] Brett S. Bevitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/08 407-782-4300
Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 AM 8:53

500117720065
02/11/08--01043--003 **122.50

500117720065

04/22/08--01019--016 **300.00
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/05

5. FEI Number

20-3712192

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

* Spoke to Karen, here is the 300.00 for 2007+2008.*

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↑ IF any problems
Please Call - 407-788

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