

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90059 017 ***550.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

873235

DOCUMENT # P94000055351

1. Corporation Name

Viking Roofing, Coating and
Construction Corp.

2. Principal Office Address

1121 Holland Dr #27

3. Mailing Office Address

Same

Suite, Apt. #, etc.

#27

Suite, Apt. #, etc.

City & State

Boca raton, Fl 33487

City & State

Zip

33487

Country

USA, Fl

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1996

5. FEI Number

650508912

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

Michael P Gottert

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

2679 NW 42 St

Suite, Apt. #, Etc.

City

Boca Raton, Fl

State

FL

Zip Code

33434

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/19/02

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
Pres.	Michael P Gottert	2679 NW 42 St	Boca Raton, Fl 33434

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL P. GOTTEET

9/15/02 561 995 7232

CR2E081 (9/99)