

FILED

14 JUN -2 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

VIETH DEVELOPMENT INC.

3. Mailing Office Address

1644 CROSSPOINTE WAY

Sampo

Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

City & State

Zip	Country
32308	USA

Zip	Country
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7. Name and Address of Current Registered Agent

Name _____

THOMAS L VIETH

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

1644 CROSS POINT E WAY

Suite, Apt. #, Etc.

City	State	Zip Code
TALLAHASSEE	FL	32308

4. Date Incorporated or Qualified
To Do Business in Florida

5. FBI Number
59-3422048

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
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06/02/14--01005--024 **1050.00

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

Date 6-2-14

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
<input type="checkbox"/> President <input checked="" type="checkbox"/> President	Tom VIETH	1644 CROSSPOINTE WAY	TALLAHASSEE, FL. 32308
	REINSTATEMENT		
		RLK	

10. E-mail Address: TOM.VIETH-BUILD@YAHOO.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

 TOM VIETN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-14

850 545 9037

DATE

Daytime Phone: