

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 14 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000002946**

1. Corporation Name

The Viper Group, Inc.

2. Principal Office Address

6045 SW 54 Ct

Suite, Apt. #, etc.

-

City & State

Davie FL

Zip

33314

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

-

City & State

-

Zip

-

Country

-

REINSTATEMENT 95-02

4. Date Incorporated or Qualified
To Do Business in Florida

11/10/1997

5. FEI Number

14-1843126

☒ 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

Candi Geyer Wilson

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

6045 SW 54 Ct

Suite, Apt. #, Etc.

-

City

Davie,

State
FL

Zip Code

33314

300010082643

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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

Candi Geyer Wilson

REGISTERED AGENT MUST SIGN

Date **1/10/2003**

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/s/d	Candi Geyer Wilson	6045 SW 54 Ct	Davie, FL 33314

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:

Candi Geyer Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2003

Date

954.792-1910

Daytime Phone #

CR2E081 (10/02)

954.792-1910