

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JAN 29 PM 2: 01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000005027**

1. Corporation Name
VIKING CLEANING, INC.

Principal Place of Business Mailing Address
~~6723 NW 188TH TERRACE MIAMI FL 33015~~
5265 SW 93 AVE COOPER CITY FL 33328
 If above addresses are incorrect in any way, line through incorrect information and enter correction below



2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
01/13/1997

5. FEI Number
65-0727027

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	PETERSEN, THOMAS	6723 NW 188TH TERRACE 5265 SW 93 AVE	MIAMI FL 33015 COOPER CITY FL 33328
REINSTATEMENT 98-99 TS 2/1/99			
			6700002768696-7 -02/09/99--01012--007 ***900.00 ***900.00

8. Name and Address of Current Registered Agent
PETERSEN, THOMAS
6723 NW 188TH TERRACE
MIAMI FL 33015

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc
 City
 State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date **11-28-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **11-28-98** Daytime Phone #

CR2E040 (9/98)