

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 31 AM 8:00

DOCUMENT # **P98000041214**

1. Corporation Name

**VIKO INTERNATIONAL, INC.**

2. Principal Office Address

**1490 NW 3RD AVE**

Suite, Apt. #, etc.

**STE. 108**

City & State

**MIAMI, FL.**

Zip Country

**33136 DADE**

3. Mailing Office Address

**16742 SW 36 CT**

Suite, Apt. #, etc.

City & State

**MIRAMAR, FL.**

Zip Country

**33027 BROWARD**

000021956910  
07/31/03--01030--002 \*\*1000.00

**REINSTATEMENT 01-03**

**MRD**

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/04/98**

5. FEI Number

**05-0837176**

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

**VICTOR OSAGIE**

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

**16742 SW 36 CT**

Suite, Apt. #, Etc.

City

**MIRAMAR**

State

**FL**

Zip Code

**33027**

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

**07/29/03**

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	Victor Osagie	16742 SW 36 CT	Miramar 33027
T	Monica Osagie	16742 SW 36 CT	Miramar 33027
D	Foster Okafor	3126 Afwater Dr	Orlando, FL 32825
D	Gilbert Sanni	12571 NW 6th Ave	Miami, FL 33162

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

**07/29/03**

Date

Daytime Phone #

CR2E081 (10/02)