PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR -7 AM 9:06

DOCUMENT # 173217

1. Corporation Name
FRED RANKIN CO., Inc.
W99-04356

Principal Place of Business
417 CASSAT AVE.
JAX. FLA. 32205

Mailing Address
4300 LAKESIDE DR UNIT 12
JAX. FLA. 32210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 4/6-99

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

5. FEI Number
59-0837019
☐ Applied For
☐ Not Applicable

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
PRES	FRED A. RANKIN	4300 LAKESIDE DR UNIT 12	JAX. FLA. 32210
V. Pres-Sec. Treas.	Victoria R. PARKER	1418 Ridgecroft LANE	Safety HARBOR FLA. 34695
&	CAROLYN L. RANKIN	4300 LAKESIDE DR Unit 12	JAX. FLA. 32210

8. Name and Address of Current Registered Agent
4300 LAKESIDE Dr.
Unit 12
Jax. Fla 32210

9. Name and Address of New Registered Agent
Name: CAROLYN L. RANKIN
Street Address (P.O. Box Number is Not Acceptable): 4300 Lakeside Dr. Unit #12
Suite, Apt. #, Etc.:
City: Jacksonville
State: FL Zip Code: 32210

CR2E087 (12-98)

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: Carolyn L. Rankin for Fred Rankin POA Date: 4/6/99
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: Carolyn L. Rankin POA Fred A. Rankin 904-387-6577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #