

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 11 AM 10:41



10052007 REIN-P CR2E098 (1/07)

**DOCUMENT #K17437**

1. Entity Name  
**JOHN L. RANKINE CORPORATION**



Principal Place of Business  
**216 KAMAL PKWY  
CAPE CORAL, FL 33904**

Mailing Address  
**216 KAMAL PKWY  
CAPE CORAL, FL 33904**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number  
**65-0033609**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RANKINE, JOHN L.  
216 KAMAL PARKWAY  
CAPE CORAL, FL 33904**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John L. Rankine* **JOHN L. RANKINE** 10.5.07  
DATE  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Please see cover letter

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANKINE, JOHN L. 216 KAMAL PARKWAY CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP RANKINE, ARLENE Z. 216 KAMAL PARKWAY CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *John L. Rankine* **JOHN L. RANKINE** 10.5.07 239.458.4725  
DATE Daytime Phone #

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**John L. Rankine Corp**  
**216 Kamal Parkway**  
**Cape Coral, FL 33904**  
**Phone: 239/458-4725**  
**Fax: 239/458-7470**

October 5, 2007

Division of Corporations  
Attn: Tyrone Scott  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Mr. Scott

Per our telephone conversation today and the enclosed photocopies you can see the 2007 Annual Report was sent on July 2, 2007, Certified Mail with enclosed check number 139 for \$550.00.

The letter containing the above was received by your office on July 6, 2007, as the return receipt was stamped.

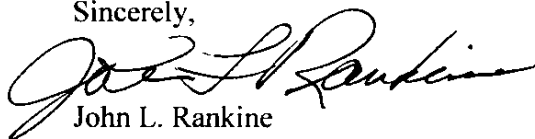
Because my report and check was some how misplaced and not recorded I received a Notice of Dissolution.

Please find enclosed my Reinstatement form and a new check for \$550.00.

Please waive any additional fees as you can see from the enclosed document it was sent out and received by your office.

Thank you for your kind attention to this matter.

Sincerely,

  
John L. Rankine

JLR/rlr