

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUN 20 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000067664

1. Limited Liability Company's Name
BLANKENSHIP CONSULTING, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 17526 COBBLESTONE LANE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLERMONT, FL		City & State	
Zip 34711	Country	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 07/07/2006	
6. FEI Number 65-1290879	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name SCOTT BLANKENSHIP			
Street Address (P.O. Box Number is Not Acceptable) 17526 COBBLESTONE LANE			
Suite, Apt. #, Etc.			
City CLERMONT	State FL	Zip Code 34711	

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: *[Signature]* Date: 6-17-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	SCOTT BLANKENSHIP	17526 COBBLESTONE LANE	CLERMONT, FL 34711
AR	CATHY BLANKENSHIP	17526 COBBLESTONE LANE	CLERMONT, FL 34711
REINSTATEMENT 2012-2014			JUN 24 2014
			L. SELLERS

11. E-mail Address: scottblankenship@embarqmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: *[Signature]* Date: 6-17-14 Daytime Phone #: 352-516-5701

Typed or printed name of signing Authorized Representative/Manager: SCOTT BLANKENSHIP