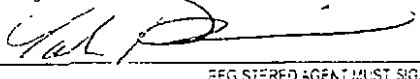
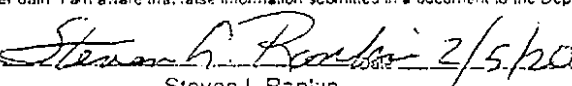


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L13000134532 1. Limited Liability Company's Name RANKIN ENTERPRISE, LLC			
2. Principal Office Address - No P.O. Box # 1800 Farmhouse Court		3. Mailing Office Address 1800 Farmhouse Court	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Virginia Beach, VA		City & State Virginia Beach, VA	
Zip 23453	Country USA	Zip 23453	Country USA
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 09/24/2013			
6. FEI Number 46-3727887			☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status			
8. Name and Address of Current Registered Agent Name Mark P Rankin Street Address (P.O. Box Number is NOT Acceptable) Suite, 350 2nd St N Apt. #, Etc. 			
City St. Petersburg		State FL	Zip Code 33701
9. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent:  Date 2/5/20 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Steven L Rankin	5946 Mangrove St N	St. Petersburg, FL 33703
APR 24 2020 S. YOUNG			
11. E-mail Address steverankin3456@gmail.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member  2/5/20 Daytime Phone # 757-286-3456			
Typed or printed name of signing authorized representative/member Steven L Rankin			

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA