PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2022 NOV 10 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FL220004 78314

000387441720

CR2E041 (1/14)

1. Limited Liability Company's Name
VALENCORP DEFENSE, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1701 Lilly Rd. E.	1701 Lilly Rd. E.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32225 Country: USA	Zip: 32207 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/14/2019

6. FEI Number: 84-3579913 ☐ 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: Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite: 801 US Highway 1

Apt. #, Etc:

City: North Palm Beach State: FL Zip Code: 33408

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: Kevin Duteau, Special Secretary Date: 11/08/2022

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
MGR	Raymond Gosen	1701 Lilly Rd. E.	Jacksonville, FL 32207

51 11/10

11. E-mail Address: govdocs@corpcreations.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: Date: 11/08/2022 Daytime Phone #: 561-694-8107

Typed or printed name of signing authorized representative/member: Raymond Gosen- Manager by Adia Myles, Attorney-in-Fact

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/8/2022

WALK IN

ENTITY NAME VALENCORP DEFENSE, LLC

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

XXXXXX Plain Copy

_____ Certified Copy

_____ Certificate of Status

_____ _____

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____ Certified Copy of Arts & Amendments

_____ Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

_____ Certificate of Status

_____ Certificate of Status Reflecting: _____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $ 138.75 ACCOUNT # I20160000072

Please call Tina at the above number for any issues or concerns. **Thank you** so much!