

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT
2015**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004120

1. Limited Liability Company's Name

VIRGINIA ASSET MANAGEMENT, LLC

2. Principal Office Address - No P.O. Box #

1015 10th St.

Suite, Apt. #, etc.

3. Mailing Office Address

1015 10th St.

Suite, Apt. #, etc.

City & State

Lake Park, FL

City & State

Lake Park, FL

Zip

33403

Country

US

Zip

33403

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/30/1999

6. FEI Number

65-0938585

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

Hall, Greg

Street Address (P.O. Box Number is Not Acceptable) Suite,

1015 10th St.

Apt. #, Etc.

City

Lake Park

State

FL

Zip Code

33403

700280546107
01/04/16--01008--021 **238.75

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

Date 12/29/15

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 | Hall, Greg | 1015 10th St. | Lake Park, FL 33403 |
| | | | |
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| | | | |
| | | | |
| | | | |

11. E-mail Address gregh@ppicash.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 12/29/15

Daytime Phone #

561-472-1513

Typed or printed name of signing authorized representative/member Greg Hall, MGR

K. ASHTON