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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-0925

LIMITED LIABILITY REINSTATEMENT

COVENANT CONCEPTS, L.L.C.

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L02000019181			
1. Limited Liability Company's Name COVENANT CONCEPTS, L.L.C.			
2. Principal Office Address - No P.O. Box # 3524 Yadkinville Rd Suite, Apt. #, etc. Box 267 City & State Winston Salem, NC Zip Country 27106 USA		3. Mailing Office Address 3524 Yadkinville Rd Suite, Apt. #, etc. Box 267 City & State Winston Salem, NC Zip Country 27106 USA	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 7/29/2002	
6. FBI Number 71-0889250		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
8. Name and Address of Current registered Agent Name AGENTS AND CORPORATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 300 FIFTH AVENUE SOUTH Suite, Apt. #, Etc. SUITE 101-330 City State Zip Code NAPLES FL 34102			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u><i>David Williams</i></u> Date <u>9/21/09</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Richard N. Wagner	3524 Yadkinville Rd.	Winston Salem, NC 27106
Member	Cliff Darnell	3524 Yadkinville Rd.	Winston Salem, NC 27106
Member	April M. Holdaway	3524 Yadkinville Rd.	Winston Salem, NC 27106
Member	Dale B. Darnell	3524 Yadkinville Rd.	Winston Salem, NC 27106
11. I certify that I am managing member/manager or 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 608.06, F.S., and that all fees owed by this 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. Signature of Managing Member/Manager <u><i>Richard N. Wagner</i></u> Date <u>9/21/09</u> Daytime Phone # <u>704.906.0727</u> Typed or printed Name of signing Managing Member/Manager <u>Richard N. Wagner</u>			

REINSTATEMENT 03/09