PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 DEC 18 PM 2: 12 |

DOCUMENT # L04 0000 5652

1. Limited Liability Company's Name

MARSHALL GONEKE FLOOR COVERING LLC

CR2E041 (1/07)

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

27235 COUNTRY RD 26 W

Suite, Apt. #, etc.

City & State

ELBERTA AL

| Zip 36530 | Country BALDWIN |

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

| Zip | Country |

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida 6/12/05

6. FEI Number | | Applied For |
| | X | 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 CARPET MARKET

Street Address (P.O. Box Number is Not Acceptable) 8963 PENSACOLA BLVD

Suite, Apt. #, Etc.

City PENSACOLA   State FL   Zip Code 32534

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____   REGISTERED AGENT MUST SIGN   Date 12/8/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR OWNER	MARSHALL GONEKE	27235 COUNTRY RD 26 W ELBERTA AL 36530	ELBERTA AL 36530
		12/17/07--01010--014 **100.00	

REINSTATEMENT 2006 - 07

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 608.406, 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.

Signature of Managing Member/Manager _Marshall G Goneke_   Date 12/7/07   Daytime Phone # 382-0909

Typed or printed name of signing Managing Member/Manager MARSHALL GONEKE