

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 16 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000003544

1. Corporation Name

Lumber Liquidators, Inc.

2. Principal Office Address

3000 John Deere Rd

3. Mailing Office Address

3000 John Deere Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Toano, VA

City & State

Toano, VA

Zip

23168

Country

USA

Zip

23168

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-16-03

5. FEI Number

043-229199

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2607

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeanine Reynolds
as its agent

Date

11-16-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
See attached Rider			
			700042800647

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS SULLIVAN PRESIDENT

Date

11/9/04

Daytime Phone #

757-259-4253

CR2E081 (01/04)

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OFFICERS/DIRECTORS RIDER

~~File~~ Application for Certificate of Authority

Lumber Liquidators, Inc.

List of Officers

Name: Thomas D. Sullivan
Bus. Addr.: 3000 John Deere Rd, Toano, Va 23168

Title: President

Name: Havard F. Marcus
Bus. Addr.: 3000 John Deere Rd, Toano, Va 23168

Title: Chief Financial Officer

List of Directors

Name: Thomas D. Sullivan
Bus. Addr.: 3000 John Deere Rd, Toano, VA 23168

Term: Dec 31, 2004



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 957060 7282778

AUTHORIZATION :

Patricia Pajito

COST LIMIT : \$ 758.75

ORDER DATE : November 4, 2004

ORDER TIME : 10:57 AM

ORDER NO. : 957060-020

CUSTOMER NO: 7282778

CUSTOMER: Mr. John Kauzlarich
Lumber Liquidators, Inc.
3000 John Deere Road

Toano, VA 23168

REINSTATEMENT

NAME: LUMBER LIQUIDATORS, INC.

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____