


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

2004 JUL 26 A 10: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011023

1. Limited Liability Company's Name

ON THE ISLAND HARDWARE, LLC

2. Principal Office Address

202 SHADOW LAWN LN  
Suite, Apt. #, etc.

3. Mailing Office Address

202 SHADOW LAWN LN  
Suite, Apt. #, etc.

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 9/13/00

6. FEI Number  
59-3669386

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

City & State

PENSACOLA, FL

Zip Country  
32507 USA

City & State

PENSACOLA, FL

Zip Country  
32507 USA

8. Name and Address of Current Registered Agent

Name

RONALD W. LONG

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

202 SHADOW LAWN LN  
Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32507

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

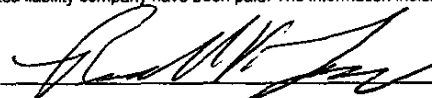
Date JULY 21 2004

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
MGRM	RONALD W. LONG	202 SHADOW LAWN LN	PENSACOLA, FL 32507
MGR	JAMES ALLEN KING	1003 maldonado Drive	Pensacola, FL 32561

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



Date JULY 21 2004 Daytime Phone# 810-346-7771

Typed or printed name of signing Managing Member/Manager

RONALD W. LONG

CR2E041 (10/02)