

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000024683

1. Limited Liability Company's Name

Turner Furniture of Pensacola, LLC

2. Principal Office Address

317 Industrial Blvd.

Suite, Apt. #, etc.

City & State

Thomasville, GA

Zip

31792

Country

USA

3. Mailing Office Address

317 Industrial Blvd.

Suite, Apt. #, etc.

City & State

Thomasville, GA

Zip

31792

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

7/8/2003

6. FEI Number

580673620

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

FILED
07 JAN -9 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200084144252
01/12/07--01009--025 **250.00

8. Name and Address of Current Registered Agent

Name

John C. Lovett

Street Address (P.O. Box Number is Not Acceptable)
106 East College Avenue

Suite, Apt. #, Etc.

Suite 1200

City

Tallahassee

State

FL

Zip Code

32301

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 12/20/06

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	Turner, S. Russell, Jr.	317 Industrial Blvd.	Thomasville, GA 31792

REINSTATEMENT 2005-2007

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

1/3/07

Daytime Phone #

229-227.6776

Typed or printed name of signing Managing Member/Manager

S. Russell Turner Jr.