


2010 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L03000045307 | |  |
| 1. Entity Name SPARKS HARDWOOD FLOORING, LLC | | |

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| Principal Place of Business 20 STEVENS DR MIDWAY, FL 32343 | Mailing Address 20 STEVENS DR MIDWAY, FL 32343 |
|--|--|

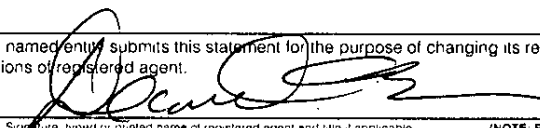
| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

10212010 REIN-LLC CR2E101 (1/07)

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| 4. FEI Number 20-0405221 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

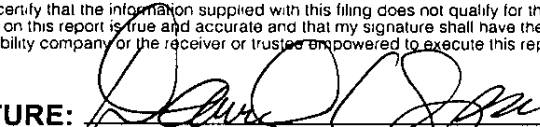
| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SPARKS, DANIEL C 20 STEVENS DRIVE MIDWAY, FL 32343 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 10/21/10 |

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| FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$377.50 | Make check payable to Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SPARKS, DANIEL C 20 STEVENS DR MIDWAY, FL 32343 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700186933777 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/21/10--01003--004 **238.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S. HAWKES <input type="checkbox"/> Change <input type="checkbox"/> Addition OCT 21 2010 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | EXAMINER <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | |
| SIGNATURE:  | DATE 10/21/10 |

FILED
10 OCT 21 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

