

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000014499

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** DOOLIN FLOORING LLC.

**Current Principal Place of Business:**

150 REGIONS WAY  
45  
DESTIN, FL 32541

**New Principal Place of Business:**

158 BEECH ST  
FREEPORT, FL 32439

**Current Mailing Address:**

150 REGIONS WAY  
SUITE 45  
DESTIN, FL 32541

**New Mailing Address:**

158 BEECH ST  
FREEPORT, FL 32439

**FEI Number:** 33-1689571      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DOOLIN, JOEL E  
150 REGIONS WAY  
SUITE 45  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

DOOLIN, JOEL E  
158 BEECH ST  
FREEPORT, FL 32439 US

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.

SIGNATURE: JOEL DOOLIN

04/26/2006

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MRG ( ) Change (X) Addition  
Name: JOEL DOOLIN,  
Address: 158 BEECH ST  
City-St-Zip: FREEPORT, FL 32439 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOEL DOOLIN

MGR

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date