2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Aug 12, 2008
Secretary of State

DOCUMENT# L04000014689

Entity Name: THOMAS CLARK CABINETS, LLC.

Current Principal Place of Business:

33 BRITTON DR
PANACEA, FL 32346

New Principal Place of Business:

Current Mailing Address:

PO BOX 911
PANACEA, FL 32346

New Mailing Address:

FEI Number: 59-3233392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CLARK, THOMAS E
33 BRITTON DR
PANACEA, FL 32346 US

Name and Address of New Registered Agent:

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: THOMAS E CLARK

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CLARK, THOMAS E
Address: 33 BRITTON DR
City-St-Zip: PANACEA, FL 32346

Title: MGRM ( ) Delete
Name: CLARK, SUSAN M
Address: 33 BRITTON DR
City-St-Zip: PANACEA, FL 32346

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: CLARK, THOMAS E
Address: PO BOX 286
City-St-Zip: PANACEA, FL 32346

Title: MGRM ( ) Change (X) Addition
Name: HARRIS, JAMES
Address: 19 LAKE ESSAY
City-St-Zip: PANACEA, FL 32346

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS E. CLARK MGR 08/12/2008

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