> PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS  09 JAN 15 PM 12: 24
DOCUMENT # L D 40000 41518  1. Limited Liability Company's Name PANHANDLE FLOORING LLC.		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	CR2E041 (10/08)
_ ` .	1	4.00.70
5/15 E 1474 ST Suite, Apt. #, etc.	5/15 E./47h 57 Suite, Apt. #, etc.	4. State/Country of Formation FLORIDA BAY
# 6	Suite, Apr. 4, etc. # 6	5. Date Organized or Qualified
City & State	City & State	10 Do Business in Florida June 2003
SPRinsfield, Fl.	SPRingfield FL.	6. FEI Number 1998 2 1 9 Applied For Not Applicable
32404 V.S.A.	32404 Country U.S.A.	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address o	f Current Registered Agent	
Name Robert D. GOSHORN		A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)		in circumstances which the entity did not receive the prior notices. By checking this
5115 £ 1474 ST		box, you are certifying the prior notices were
Suite, Apt. #, Etc. #		not received and requesting the \$100 reinstatement be waived.
SIRING Fred & State State 32404		remstatement be walved.
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 01/12/09		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/ Manag	Street Address of Each ers Managing Member/Mana	ger City / State / Zip
MGRA Robert D. GOSHORN 5115 E14TH ST.		#6 STRINFIELD FL 32404
MGRM Lindsey A. GosHORN 5115 E1474 ST #6 Skingfield, FL 32408		
	d.	10/17/0801022005 **150.00
REINSTATEMENT 200	7. 2008	01/15/0901008019 **127.50
TOTAL OF THE PROPERTY AND THE PROPERTY A	7, 2000	
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 filling 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 Robert D. Hosbitan Date 0/12/09 Daytime Phone # 850 441-6531		
Tuned or printed name of signing Managing Managing Mamber/Manager		

**T. Hampton** JAN 1/3 2009