


# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000056534		
1. Entry Name GARNER'S FLOORING LLC		

Principal Place of Business 14702 NW HOECAKE RD BRISTOL, FL 32321	Mailing Address 14702 NW HOECAKE RD BRISTOL, FL 32321
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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GARNER, WILLIAM 14702 NW HOECAKE RD BRISTOL, FL 32321		Name Street Address (P.O. Box Number is Not Acceptable) City	
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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 <i>William Garner</i>	DATE <i>06/16/11</i>

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARNER, WILLIAM 8282 NW RIVER RD. BRISTOL, FL 32321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Colby Godwin</i> MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>NW CA 6319992</i> <i>Bristol, FL 32321</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHURCH, JOSH W 11020 NW FORCOTH BRISTOL, FL 32321 <input checked="" 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	<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	<i>200209024982</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>06/17/11--01001--010 ***377.50</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>10-11 DBRUC</i> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>William Garner</i>	Date _____ Daytime Phone # _____

FILED

11 JUN 16 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06162011 REIN-LLC CR2E101 (1/07)

4. FEI Number 74-3127426	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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