


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 22 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000022755		
1. Entity Name PANHANDLE CABINETRY, LLC		

Principal Place of Business 5016 POI TERRACE PACE, FL 32571	Mailing Address 5016 POI TERRACE PACE, FL 32571
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2. Principal Place of Business 4380 Willow St. Suite, Apt. #, etc.	3. Mailing Address 4380 Willow St. Suite, Apt. #, etc.
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City & State Pace, FL	City & State Pace, FL	4. FEI Number 38-3717933	Applied For Not Applicable
Zip 32571	Country U.S.	Zip 32571	Country U.S.

10312006 REIN-LLC CR2E101 (11/05)

6. Name and Address of Current Registered Agent WIESENFELD, ADRIENNA N 6633 CEDAR STREET MILTON, FL 32570	
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7. Name and Address of New Registered Agent Name: Devin Mitchem Street Address (P.O. Box Number is Not Acceptable) 4380 Willow St. City: Pace, FL Zip Code: 32571	
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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: Devin Mitchem DATE: 3-15-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00	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	MGR FOSTER, BRENDAN D 5016 POI TERRACE PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Devin Mitchem 4380 Willow St. Pace, FL 32571 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COPPLE, ROBERT S 4111 BUSBY LANE PACE, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400095253424 03/29/07--01057--014 **205100 <input type="checkbox"/> Change <input checked="" 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	REINSTATEMENT 06-07 <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	<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: Brendan Foster Brendan Foster DATE: 3-15-07 DAYTIME PHONE: 994-7864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE