2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 13, 2006
Secretary of State

DOCUMENT# L05000120212

Entity Name: COOPER & SON CABINETRY, L.L.C.

Current Principal Place of Business:

1099 HWY 83A
FREEPORT, FL 32439

New Principal Place of Business:

58 EAST SHELLCRACKER
FREEPORT, FL 32439 US

Current Mailing Address:

PO BOX 161
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 02-0760435 **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:

COOPER, CHARLES
1099 HWY 83A
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

COOPER, CHARLES
58 EAST SHELLCRACKER
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: CHARLES COOPER 11/13/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COOPER, CHARLES
Address: 1099 HWY 83A
City-St-Zip: FREEPORT, FL 32439

Title: MGRM (X) Delete
Name: COOPER, JOHNATHAN
Address: 1099 HWY 83A
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COOPER, CHARLES
Address: 58 EAST SHELLCRACKER
City-St-Zip: FREEPORT, FL 32439 US

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

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: CHARLES COOPER MGR 11/13/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date