

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000115969

Entity Name: OSB REACQUISITION, LLC

**FILED**  
**Apr 02, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

620 CHESTNUT STREET  
CONWAY, AR 72032 US

**New Principal Place of Business:**

**Current Mailing Address:**

620 CHESTNUT STREET  
CONWAY, AR 72032 US

**New Mailing Address:**

FEI Number: 71-0009885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CENTENNIAL BANK  
1200 HILLCREST STREET  
SUITE 102  
ORLANDO, FL 32803 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: RANDY MAYOR

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: RIVIERE, STEPHEN R  
Address: 1200 HILLCREST STREET, SUITE 102  
City-St-Zip: ORLANDO, FL 32803 US

Title: MGR  
Name: SIMS, C. RANDALL  
Address: P O BOX 966  
City-St-Zip: CONWAY, AR 72033 US

Title: MGR  
Name: FRENCH, TRACY M  
Address: P O BOX 966  
City-St-Zip: CONWAY, AR 72033 US

Title: MGR  
Name: HESTER, KEVIN D  
Address: P O BOX 966  
City-St-Zip: CONWAY, AR 72033 US

Title: MGR  
Name: MAYOR, RANDY E  
Address: P O BOX 966  
City-St-Zip: CONWAY, AR 72033 US

Title: MGR  
Name: LANKFORD, MERESA I  
Address: 1515 E HIGHWAY 50  
City-St-Zip: CLERMONT, FL 34711 US

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: LAMONICA JOHNSTON

CMPT

04/02/2014

Electronic Signature of Authorized Person

Date