


2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L09000094349		
1. Entity Name BIG BEND CABINETS & COUNTER TOPS, LLC		

Principal Place of Business 4722 KNOLLWOOD DR TALLAHASSEE, FL 32303	Mailing Address 4722 KNOLLWOOD DR TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box # 6674 Salem Rd.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Quincy, Fla.	City & State
Zip 32352	Country USA

6. Name and Address of Current Registered Agent HOBERT, GARY J 4722 KNOLLWOOD DR TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name: Michael S. Hare Street Address (P.O. Box Number is Not Acceptable): 6674 Salem Rd. City: Quincy, Fla. FL Zip Code: 32352	
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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: Michael S. Hare DATE: 11/18/2010

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

FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$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 HOBERT, GARY J 4722 KNOLLWOOD DR TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sandra M. Hare 6674 Salem Quincy, Fla. 32352 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARE, MICHAEL S SR 6674 SALEM RD QUINCY, FL 32352 <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	600187919336 11/19/10--01001--003 **273.75 <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
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: Michael S. Hare DATE: 11/18/2010 850-210-8812

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

FILED

10 NOV 18 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11182010 REIN-LLC CR2E101 (1/07)

4. FEI Number 38-3804615	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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REINSTATEMENT