


# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L1000042618</b> 1. Entity Name <b>AIRBORNE FLOORING LLC</b>			<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; opacity: 0.5;">2011 NOV 18 PM 12:27</div> <div style="font-size: 0.8em; font-weight: bold; opacity: 0.5;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
Principal Place of Business <b>48 HOMAN POINT AVE CRAWFORDVILLE, FL 32327</b>		Mailing Address <b>48 HOMAN POINT AVE CRAWFORDVILLE, FL 32327</b>	
2. Principal Place of Business - No P.O. Box # <b>13 Bay Pine Dr</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Crawfordville FL 32327</b>		City & State <b>Crawfordville FL 32327</b>	
Zip <b>32327</b>		Country <b>USA</b>	
4. FEI Number <b>11182011</b>		REIN-LLC      CR2E101 (1/07)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BROWN, TAMMY 48 HOMAN POINT AVE CRAWFORDVILLE, FL 32327</b>		7. Name and Address of New Registered Agent Name <b>Misty Lynn Atwell</b> Street Address (P.O. Box Number is Not Acceptable) <b>13 Bay Pine Dr</b> City <b>Crawfordville</b> <b>FL</b> Zip Code <b>32327</b>	
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>Misty Lynn Atwell</i> <small>Signature typed or printed name of registered agent and title if applicable</small>		DATE <b>11-18-11</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2012, Fee will be \$377.50</b>		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGR</b>	NAME <b>BROWN, JOHN W</b>	<input type="checkbox"/> Delete	TITLE <b>MGRM</b>
STREET ADDRESS <b>48 HOMAN POINT AVE</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>John W. Brown</b>
STREET ADDRESS <b>48 HOMAN POINT AVE</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>13 Bay Pine Dr</b>
CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>Crawfordville FL 32327</b>
TITLE <b>MGRM</b>	NAME <b>BROWN, BRANDON</b>	<input type="checkbox"/> Delete	TITLE <b>MGRM</b>
STREET ADDRESS <b>48 HOMAN POINT AVE</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Brandon Brown</b>
STREET ADDRESS <b>48 HOMAN POINT AVE</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>13 Bay Pine Dr</b>
CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CITY-ST-ZIP <b>Crawfordville FL 32327</b>
TITLE <b>MGRM</b>	NAME <b>BROWN, TAMMY</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>MGRM</b>
STREET ADDRESS <b>48 HOMAN POINT AVE</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Misty Lynn Atwell</b>
STREET ADDRESS <b>48 HOMAN POINT AVE</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>13 Bay Pine Dr</b>
CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>Crawfordville FL 32327</b>
TITLE <b>MGRM</b>	NAME <b>BROWN, TAMMY</b>	<input type="checkbox"/> Delete	TITLE <b>MGRM</b>
STREET ADDRESS <b>48 HOMAN POINT AVE</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Misty Lynn Atwell</b>
STREET ADDRESS <b>48 HOMAN POINT AVE</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>13 Bay Pine Dr</b>
CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>Crawfordville FL 32327</b>
TITLE <b>MGRM</b>	NAME <b>BROWN, TAMMY</b>	<input type="checkbox"/> Delete	TITLE <b>MGRM</b>
STREET ADDRESS <b>48 HOMAN POINT AVE</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Misty Lynn Atwell</b>
STREET ADDRESS <b>48 HOMAN POINT AVE</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>13 Bay Pine Dr</b>
CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	CITY-ST-ZIP <b>CRAWFORDVILLE, FL 32327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <b>Crawfordville FL 32327</b>
<div style="text-align: right; font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div> <div style="text-align: right; font-size: 1.5em; font-weight: bold; opacity: 0.5;">2011</div> <div style="text-align: right; font-size: 0.8em; font-weight: bold; opacity: 0.5;">NOV 18 2011</div>			
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>Misty Lynn Atwell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE: <b>11-18-11</b> <small>Date</small>	
DAYTIME PHONE: <b>850-445-2592</b> <small>Daytime Phone #</small>		NIGHT PHONE: <b>850-570-9411</b> <small>Night Phone #</small>	