2015 LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # L13000003602 15 OCT 30 PM 4: 29 LARRY SINGLETARY FLOORING LLC SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 118 TRYON DRIVE 118 TRYON DRIVE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10302015 REIN-LLC CR2E101 (12/11) City & State City & State Applied For 4. FFI Number Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LBK ACCOUNTING SERVICES LLC **58 SIOUX CIRCLE** HAVANA, FL 32333 32312 Zip Code 8. The above named entity submits this statement 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 egistered agent SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$238.75 Make check payable to After January 1, 2016, Fee will be \$377.50 Florida Department of State MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES 10. MERM MGRM Addition TITLE Delete ΠΠF Change Ellist Morlison NAME SINGLETARY, LARRY NAME STREET ADDRESS 118 TRYON DRIVE STREET ADDRESS CITY - ST - ZIP TALLAHASSEE, FL 32312 CITY_ST_ZIP MGRM TITLE Addition ☐ Delete TITLE Change NAME GRIER, CASEY NAME STREET ADDRESS 118 TRYON DRIVE STREET ADDRESS CITY - ST- ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS 100278685371 CITY-ST-ZIP --01001--006 CITY - ST - ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP REINSTATEMERT TITLE ☐ Delete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

E-MAIL ADDRESS

SIGNATURE: