

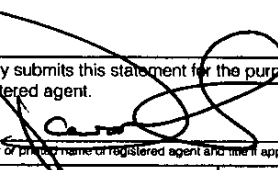
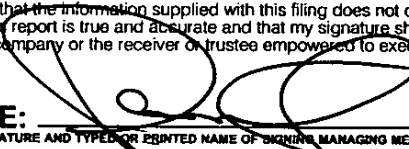


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000001334 1. Entity Name PERFORMANCE LINE HARDWARE, LLC				FILED 06 AUG -3 AM 11:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 4532 W. KENNEDY BLVD., #276 TAMPA, FL 33609		Mailing Address 4532 W. KENNEDY BLVD., #276 TAMPA, FL 33609		<div style="font-size: 2em; font-weight: bold;">05</div>	
2. Principal Place of Business 3944 AIRWAY CIRCLE		3. Mailing Address 3944 AIRWAY CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CLEARWATER FLORIDA		City & State CLEARWATER FLORIDA		4. FEI Number 76-0653951	
Zip 33762		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, RANDOLPH H 9513 121ST STREET SEMINOLE, FL 33772				7. Name and Address of New Registered Agent Name RANDOLPH H. SMITH Street Address (P.O. Box Number is Not Acceptable) 3944 AIRWAY CIRCLE City CLEARWATER FL Zip Code 33762	
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  <small>Signature, typed or printed name of registered agent and mail applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4-9-06	
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, RANDOLPH 9513 121ST STREET SEMINOLE, FL 33772	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, RANDOLPH 3944 AIRWAY CIRCLE CLEARWATER, FLORIDA 33762
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
400078470454 08/08/06--01032--015 ***200.00		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 				Date 4-9-06 Daytime Phone # 727-572-1455	

REINSTATEMENT 2005-2006