


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M04000003714</b>			
1. Limited Liability Company's Name  <b>Turkington Acquisition Company, LLC</b>			
2. Principal Office Address - No P.O. Box # <b>1200 W. Ash Street</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>PO Box 1878</b> Suite, Apt. #, etc.	
City & State <b>Goldsboro, NC</b>		City & State <b>Goldsboro, NC</b>	
Zip <b>27530</b>	Country <b>USA</b>	Zip <b>27533</b>	Country <b>USA</b>
4. State/Country of Formation <b>NC</b>			
5. Date Organized or Qualified To Do Business in Florida: <b>9/10/2004</b>			
6. FEI Number <b>201408198</b>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
B. Name and Address of Current Registered Agent Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b> Suite, Apt. #, Etc. City <b>Tallahassee</b>			
		State <b>FL</b>	Zip Code <b>32301-2525</b>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <i>Heather Chapman</i> <b>Heather Chapman</b> as its agent Date: <b>12/4/08</b> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Stuart J. Ashman	1200 W. Ash Street	Goldsboro, NC 27530
Mgr.	John W. Lucas	1200 W. Ash Street	Goldsboro, NC 27530
Mgr.	Clifford Croley	1200 W. Ash Street	Goldsboro, NC 27530
<b>REINSTATEMENT 07-08</b>			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Signature of Managing Member/Manager: <i>J. Lucas</i> Date: <b>12/2/2008</b> Daytime Phone # <b>919 735 499</b> Typed or printed name of signing Managing Member/Manager: <b>John W. Lucas</b>			

CR2E041 (10/08)

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

I sent this on 12/14 (see attached confirmation page). This has not filed. Please give 12/14 file date. Thanks

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LIMITED LIABILITY REINSTATEMENT

TURKINGTON ACQUISITION COMPANY, LLC

Certificate of Status	0
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