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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/06)

DOCUMENT # M04000003714

1. Limited Liability Company's Name

Turkington Acquisition Company, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1200 W. Ash Street		PO Box 1678	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Goldsboro, NC		Goldsboro, NC	
Zip	Country	Zip	Country
27530	USA	27533	USA

4. State/Country of Formation: NC

5. Date Organized or Qualified To Do Business in Florida: 9/10/2004

6. FEI Number: 201408198 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301-2525

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Heather Chapman — Heather Chapman as its agent — Date: 12/4/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/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

REINSTATEMENT

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 608.508, 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: J. Lucas — Date: 12/2/2008 — Daytime Phone #: 919 735 4191

Typed or printed name of signing Managing Member/Manager: John W. Lucas

Florida Department of State

Division of Corporations
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Division of Corporations
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Heather x2907

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LIMITED LIABILITY REINSTATEMENT

TURKINGTON ACQUISITION COMPANY, LLC

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M. THOMAS
DEC - 5 2008
EXAMINER