APPROVED AND FILED

07 APR 23 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1022

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1995-2007

BSC

CR2E081 (1/07)

DOCUMENT # P27417

1. Corporation Name

U.S. Axminster, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1000 Cobb Place Blvd.			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.	
City & State Kennesaw, GA		City & State	
Zip 30144	Country Cobb	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/22/1989

5. FEI Number 640733146 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 4/23/2007

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/D	Jonathan Young	1000 Cobb Place Blvd., STE 200	Kennesaw, GA 30144
SEC/D	Peter Jillard	1000 Cobb Place Blvd., STE 200	Kennesaw, GA 30144
D	Mark Worgan	1000 Cobb Place Blvd., STE 200	Kennesaw, GA 30144

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: [signature] Peter Jillard 5 April 2007 678-594-9360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL418 - 1/17/07 C T System Online

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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CORPORATION REINSTATEMENT

U.S. AXMINSTER, INC.

Certificate of Status	0
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