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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002703

1. Limited Liability Company's Name
Daytona2 L.K.E. LLC

900043211489
1/06/04--01038--003 **155.00

2. Principal Office Address 1149 Harrisburg Pike		3. Mailing Office Address c/o 6300 Sheriff Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Department 593	
City & State Carlisle, PA		City & State Landover, MD	
Zip 17013	Country USA	Zip 20785	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 12/28/0	
6. FEI Number 23-3080568	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Corporation Service Company ("CSC")	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32301-2525

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: [Signature] **Asst. V.P.** Date: **11-29-2004**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	See Attached Sheet		

REINSTATEMENT *OK*
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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. Its Managing Member: **Giant Food Stores, LLC**

Signature of Managing Member/Manager: [Signature] Date: **11/10/04** Daytime Phone #: **(717) 245-7451**

Typed or printed name of signing Managing Member/Manager: **Richard G. Herring - EVP - Finance, Secretary & CFO of its Managing Member**

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RESPONSE TO QUESTION #10:

Position	Title	Name	Street Address	City/State/Zip
Director & Officer	President	Theo de Raaf Anthony J. Schiano	1385 Hancock Street 1149 Harrisburg Pike	Quincy, MA 02169 Carlisle, PA 17013
Officer	EVP, Sales & Marketing	Carl W. Schlicker	1149 Harrisburg Pike	Carlisle, PA 17013
Officer	EVP, Real Estate & Construction	Robert L. Anderson	1149 Harrisburg Pike	Carlisle, PA 17013
Officer	EVP, Finance, CFO & Corporate Secretary	Richard G. Kerrling	1149 Harrisburg Pike	Carlisle, PA 17013
Officer	Executive Vice President	William J. Grize	1385 Hancock Street	Quincy, MA 02169
Officer	Assistant Corporate Secretary	Brian W. Notarek	1385 Hancock Street	Quincy, MA 02169