


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 856763				
1. Corporation Name ALABAMA BRUNO'S INC Bruno's, Inc				
2. Principal Office Address 208 BI-LO Blvd		3. Mailing Office Address P.O. Drawer 99		
Suite, Apt. #, etc.		Suite, Apt. #, etc. ATTN: Dorothy V. Davis		
City & State Greenville, SC		City & State Mauldin, SC		
Zip 29607	Country US	Zip 29662	Country US	
		4. Date Incorporated or Qualified To Do Business in Florida 6-14-1983		
		5. FEI Number 63-0411801		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name Corporation Service Company				
Street Address (P.O. Box Number is Not Acceptable) 120 Hays St				
Suite, Apt. #, Etc. 400074351554				
City Tallahassee				
State FL				
Zip Code 32301				
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 <i>Elizabeth B. Konieczny</i> Date 4/7/06				
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	
P/D	Dean Cohagan	208 BI-LO Blvd	Greenville, SC 29607	
V/D	Len W. Allen	717 N. Harwood, St 2200	Dallas, TX 75201	
D	David M. West	717 N. Harwood, St 2200	Dallas, TX 75201	
VP	David Shoemaker	3317 Highfield Dr	Moody, AL 35004	
Sec	Kevin McDougall	208 BI-LO Blvd	Greenville, SC 29607	
Trea	Ken Jones	208 BI-LO Blvd	Greenville, SC 29607	
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: <i>Dean Cohagan</i>		4-10-06		864/283-3632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dean Cohagan		Date		Daytime Phone #