


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR 31 A 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # LO20000007192

1. Limited Liability Company's Name
Spring Hill Foods of Florida, LLC

2. Principal Office Address 10400 San Jose Boulevard		3. Mailing Office Address P. O. Box 600502	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc.	
City & State Jacksonville		City & State Jacksonville	
Zip 32257	Country Duval	Zip 32260	Country St. Johns

4. State/Country of Formation United States	
5. Date Organized or Qualified To Do Business in Florida November 11, 2003	
6. FEI Number 02-0583058	Applied For <input type="checkbox"/> 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
David Vanderver

Street Address (P.O. Box Number is Not Acceptable)
213 Honeysuckle Way

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32259

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]* Date 3-28-04

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
MGRM	Clyde Earnest	558 Inlet Road	Eufaula/Alabama/36027
MGRM	David Vanderver	213 Honeysuckle Way	Jacksonville/Florida/32259

REINSTATEMENT 03-04
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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.

Signature of Managing Member/Manager *[Signature]* Date 3-28-04 Daytime Phone # (904) 334-5982

Typed or printed name of signing Managing Member/Manager **David Vanderver**

CR2E041 (10/02)