

2006 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:52

DOCUMENT # L04000007269 1. Entity Name SHEFFIELD'S COUNTRY KITCHEN, LLC	
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Principal Place of Business 8059 STATE ROAD 6, WEST JASPER, FL 32052 US	Mailing Address 4454 NORTHWEST COUNTY ROAD 141 JENNINGS, FL 32053 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04272006 REIN-LLC CR2E101 (11/05)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, JONI
4454 NORTHWEST COUNTY ROAD 141
JENNINGS, FL 32053

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SHEFFIELD, JONI L	
STREET ADDRESS	4454 NORTHWEST COUNTY ROAD 141	
CITY- ST- ZIP	JENNINGS, FL 32053	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	900075893299	
CITY- ST- ZIP	06/06/06--01059--009 **200.00	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: 5-1-06 Daytime Phone #: 386 792-2030