2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000040232

1. Entity Name
SAVEWAY, LLC

Principal Place of Business	Mailing Address
6323 7000 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310	6323 7000 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310

2. Principal Place of Business
6323 Blountstown Hwy

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

10062006   REIN-LLC   CR2E101 (11/05)

City & State Tall F L	City & State	**4.** FEI Number 20-2748851	Applied For
			Not Applicable
Zip 32310	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
RICHARD A. GLOVER, CPA, PA 1809 MICCOSUKEE COMMONS DRIVE, SUITE 108 TALLAHASSEE, FL 32308	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 10·06·06

FILE NOW!!! FEE IS $50.00 After January 1, 2007, Fee will be $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to** Florida Department of State

9. MANAGING MEMBERS / MANAGERS			**10.**	ADDITIONS / CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ATTALLA, MAGDY		NAME	200080693962	
STREET ADDRESS	7000 BLOUNTSTOWN HIGHWAY		STREET ADDRESS	10/10/06--01069--005 **50.00	
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ATTALLA, KAMILLA		NAME		
STREET ADDRESS	7000 BLOUNTSTOWN HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #