

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000085790 1. Entity Name HIGH SPRINGS EMPORIUM, LLC	
--	---

SECRET
DIVISION

07 OCT 16 PM 3:44

Principal Place of Business 660 NW SANTA FE BLVD HIGH SPRINGS, FL 32643 US	Mailing Address 660 NW SANTA FE BLVD HIGH SPRINGS, FL 32643 US
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10052007 REIN-LLC CR2E101 (1/07)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRITTON, SHARRON J
4335 NW 26TH DRIVE
GAINESVILLE, FL 32605

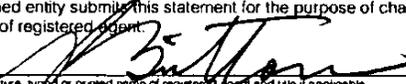
7. Name and Address of New Registered Agent

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  Sharron J. Britton 10/4/07

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

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, 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

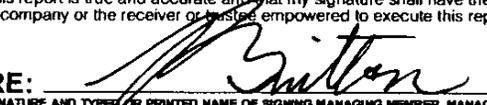
TITLE	NAME	Delete
MGRM	BRITTON, SHARRON J	<input type="checkbox"/>
STREET ADDRESS	4335 NW 26TH DRIVE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	NAME	Delete
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		

300110731183
10/12/07-01029-023

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:  Sharron J. Britton 10/04/07 (352) 454-8657

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