L93000000394

PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETING THIS FORM.

FILED
04 MAR 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93000000394

1. Limited Liability Company's Name
Super-Miami of Dade County, L.C.

03

2. Principal Office Address	3. Mailing Office Address
11739 S. Dixie Hwy	P.O. Box 5577
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Concord, CA
Zip: 33156 Country: USA	Zip: 94524 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/12/1993

6. FEI Number: 65-0457129 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Deborah D. Skipper — Deborah D. Skipper, Asst. V. Pres. — Date: March 11, 2004

REGISTERED AGENT MUST SIGN

CR2E041 (10/01)

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MMGR	Kathryn Ecenbarger	2190 Meridian Park Blvd., Suite Q	Concord, CA 94520
MMGR	Betty Gore	2190 Meridian Park Blvd., Suite Q	Concord, CA 94520
	REINSTATEMENT 2003-2004		600030821166

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: Kathryn Ecenbarger Date: 3/11/04 Daytime Phone #: (925) 825-1921

Typed or printed name of signing Managing Member/Manager: Kathryn Ecenbarger

L930000003944

CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 494587 4337525

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 200.00

ORDER DATE : March 12, 2004

ORDER TIME : 3:53 PM

ORDER NO. : 494587-005

CUSTOMER NO: 4337525

CUSTOMER: Marlene D. Katz
Greene Radovsky Maloney &
Suite 4000
Four Embarcadero Center
San Francisco, CA 94111-4100

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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: SUPER-MIAMI OF DADE COUNTY, L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____