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LIMITED LIABILITY REINSTATEMENT

JDA DINERS, LLC

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Estimated Charge	$238.75

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L97000001293

1. Limited Liability Company's Name

JDA Diners, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
830 Garrison Ridge Blvd	830 Garrison Ridge Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Knoxville TN	City & State: Knoxville TN
Zip: 37922 Country: USA	Zip: 37922 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/27/1997

6. FEI Number: 593494022 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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] Chris McNeuff REGISTERED AGENT SIGNATURE Assistant Secretary Date: 12/12/08

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	Jarrod B. Moore	830 Garrison Ridge Blvd.	Knoxville, TN 37922
MGRM	Margaret L. Moore	1980 Southcliff Dr.	Maryville, TN 37803
MGRM	Don McCammon	3670 Channel Dr.	Louisville, TN 37777
MGRM	Katherine McCammon	3670 Channel Dr.	Louisville, TN 37777
		REINSTATEMENT 2000 - 08	

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: 12/10/08 Daytime Phone #: 865-966-0724

Typed or printed name of signing Managing Member/Manager: Jarrod B Moore Managing Member

FLR110 - 10/08/2008 C T System Online