

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 NOV 16 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M00000002701**

**1. Limited Liability Company's Name**

Tampa L.K.E. LLC

**2. Principal Office Address**

c/o 6300 Sheriff Road

Suite, Apt. #, etc.

Department 593

City & State

Landover, MD

Zip

20785

Country

USA

**3. Mailing Office Address**

c/o 6300 Sheriff Road

Suite, Apt. #, etc.

Department 593

City & State

Landover, MD

Zip

20785

Country

USA

**4. State/Country of Formation**

Delaware

**5. Date Organized or Qualified  
To Do Business in Florida**

12/28/00

**6. FEI Number**

52-2315949

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

Corporation Service Company

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

1201 Hays Street

700042801897

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

**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

**Jeanine Reynolds  
as its agent**

Date

11-16-04

REGISTERED AGENT MUST SIGN

**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
	See Attached Sheet		

**REINSTATEMENT 2004**

*RL*

**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.**

**Its Managing Member: GFS Realty, Inc.**

Signature of  
Managing Member/Manager

Date

11-9-04

Daytime Phone# (301) 341-8707

Typed or printed name of signing Managing Member/Manager

Roger K. Wright - Vice President of Managing Member

CR2E041 (10/02)

**RESPONSE TO QUESTION #9:**

M 00000002701

<u>Position</u>	<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City / State / Zip</u>
Director & Officer	President	Marc E. Smith	1385 Hancock Street	Quincy, MA 02169
Director & Officer	Executive Vice President; Treasurer	Richard J. Picariello	1385 Hancock Street	Quincy, MA 02169
Director & Officer	Executive Vice President; Secretary	Thomas A. Hippler	1385 Hancock Street	Quincy, MA 02169
Officer	Executive Vice President	William Holmes	6300 Sheriff Road	Landover, MD 20785
Officer	Executive Vice President	Robert D. Evans	6300 Sheriff Road	Landover, MD 20785
Officer	Senior Vice President	Anthony A. Colavolpe	1385 Hancock Street	Quincy, MA 02169
Officer	Vice President	Roger K. Wright	6300 Sheriff Road	Landover, MD 20785
Officer	Vice President	W. Howard Gaskill, III	6300 Sheriff Road	Landover, MD 20785
Officer	Vice President; Assistant Secretary	Michael C. Buchsbaum	6300 Sheriff Road	Landover, MD 20785
Officer	Assistant Secretary	Steven J. Roberts	1385 Hancock Street	Quincy, MA 02169
Officer	Assistant Secretary	Robert A. Licht	1385 Hancock Street	Quincy, MA 02169
Officer	Assistant Secretary	Catherine M. Stockwell	1385 Hancock Street	Quincy, MA 02169

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# M 00000002701

ACCOUNT NO. : 072100000032

REFERENCE : 974031 7364794

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 155.00

ORDER DATE : November 16, 2004

ORDER TIME : 11:47 AM

ORDER NO. : 974031-005

CUSTOMER NO: 7364794

CUSTOMER: Mr. Debitu Mekonnen  
Giant Food Inc.  
6300 Sheriff Road  
Dept 593  
Landover, MD 20785

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TALLAHASSEE, FLORIDA

*Bm*

REINSTATEMENT

NAME: TAMPA L.K.E. LLC

RECEIVED  
04 NOV 16 PM 12:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS \_\_\_\_\_