2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M98000001536

1. EntityName
HARRISTEETERPROPERTIES,LLC

FILED
04 OCT 25 PM 4:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

PrincipalPlaceofBusiness	MailingAddress
701CRESTDALEDRIVE MATTHEWS,NC28105	701CRESTDALEDRIVE MATTHEWS,NC28105

10142004 REIN-LLC CR2E101(6/04) 10/25

2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt.#,etc.	Suite,Apt.#,etc.
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 56-2094083 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
CTCORPORATIONSYSTEM 1200SOUTHPINEISLANDROAD PLANTATION,FL33324	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE: _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating)

FILE NOW!!! FEE IS $50.00
After January 1, 2005, Fee will be $100.00

Inaccordancewiths.607.193(2)(b),F.S.,thelimited liabilitycompanydidnotreceivethepriornotice.

Make check payable to Florida Department of State

9. MANAGINGMEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	MGR MORGANTHAL,FREDJ 701CRESTDALEDR. MATTHEWS,NC28105	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500042160035 10/25/04--01071--006 **50.00
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	MGR SHERMAN,JEFFD 701CRESTDALEDR. MATTHEWS,NC28105	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 2004
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	W/O penalty ☐ Change ☐ Addition

11. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that I am a managing member or manager of the limitedliabilitycompanyorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatutes.

JEFF D. SHERMAN

SIGNATURE: _____ 9-29-04 704-844-3120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER,ORAUTHORIZEDREPRESENTATIVE Date DaytimePhone#