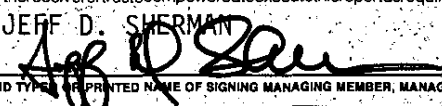


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M98000001536 1. Entity Name HARRISTEETER PROPERTIES, LLC						FILED 04 OCT 25 PM 4:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 701 CRESTDALE DRIVE MATTHEWS, NC 28105				Mailing Address 701 CRESTDALE DRIVE MATTHEWS, NC 28105			
2. Principal Place of Business		3. Mailing Address		10142004 REIN-LLC		CR2E101(6/04) 10/25	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 56-2094083		☐ Applied For ☐ Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CTC CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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: _____ DATE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature is required when reinstating)							
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00			In accordance with 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				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGR MORGANTHAL, FRED J 701 CRESTDALE DR. MATTHEWS, NC 28105		☐ Delete		☐ Change ☐ Addition 500042160035 10/25/04--01071--006 **50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		MGR SHERMAN, JEFF D 701 CRESTDALE DR. MATTHEWS, NC 28105		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JEFF D. SHERMAN 				Date: 9-29-04 Daytime Phone: 704-844-3120			