PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # M99-303

1. Limited Liability Company's Name

Seattle's Best Coffee, LLC

REINSTATEMENT 2000

2. Principal Office Address	**3.** Mailing Office Address
Six Concourse Parkway Ste 17..	P.O. Box BH001
Suite, Apt. #, etc.: Ste 1700	Suite, Apt. #, etc.:
City & State: Atlanta, GA	City & State: San Antonio, TX
Zip: 30328 Country: USA	Zip: 78201 Country: USA

4. State/Country of Formation: Washington

5. Date Organized or Qualified To Do Business in Florida: 1998

6. FEI Number: 91-1895025 ☐ 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

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-11/16/00--01001--008
****150.00 ****150.00

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: Bonnie H. Yerry, Assist. Secretary Date: 10/30/2000
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
MBR	Seattle Coffee Company	Six Concourse Parkway, Ste 1700	Atlanta, GA 30328

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: ✓ Date: 10-19-00 Daytime Phone #: 210-737-5770

Typed or printed name of signing Managing Member/Manager: Dickey May