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
01 NOV 15 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # m99-303

1. Limited Liability Company's Name

Seattle's Best Coffee LLC

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
Six Concourse Parkway	P.O. Box BH001
Suite, Apt. #, etc.: Suite 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: WA

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 Co.

400004702484--5
-12/03/01--01066--003
****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: 32301-2525

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: BRIAN COURTNEY, ASST. V.P. Date: 11-14-01
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGR	Seattle Coffee Co.	Six Concourse Parkway	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: Daytime Phone #: 210-737-5770

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