

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 FEB 26 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # M99000001092

1. Limited Liability Company's Name
SP Forests LLC

REINSTATEMENT

2000-2001

2. Principal Office Address 6400 Poplar Avenue Suite, Apt. #, etc. c/o Tax Department City & State Memphis, TN Zip 38197	3. Mailing Office Address 6400 Poplar Avenue Suite, Apt. #, etc. c/o Tax Department City & State Memphis, TN Zip 38197
--	--

4. State/Country of Formation DE
5. Date Organized or Qualified To Do Business in Florida May 25, 1999
6. FEI Number 58-2470647
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent			
Name CT Corporation			
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	

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 Connie Bryan Date 2-23-01

REGISTERED AGENT MUST SIGN Connie Bryan, Special Asst. Secy.

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	The Branigar Organization	6400 Poplar Avenue	Memphis, TN 38197
MGRM	Sustainable Forests LLC	6400 Poplar Avenue	Memphis, TN 38197

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 John Finnegan Date 2-23-01 Daytime Phone # 901-763-7509

Typed or printed name of signing Managing Member/Manager John Finnegan

CR2E041 (9/00)