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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000007158

1. Corporation Name
Geodis America, Inc.

2. Principal Office Address - No P.O. Box # 787 Seventh Avenue C/O Sidley Austin Suite, Apt. #, etc. Attn: Michael H. Yanowitch City & State New York, NY Zip 10019		3. Mailing Office Address 787 Seventh Avenue C/O Sidley Austin Suite, Apt. #, etc. Attn: Michael H. Yanowitch City & State New York, NY Zip 10019	
Country USA		Country USA	

REINSTATEMENT 07-08
CR2ED81 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 10-31-2006

5. FEI Number 36-3139821 Applied For (Not Applicable)

6. CERTIFICATE OF STATUS DESIRED (Additional Fee required for Certificate of Status)

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0008 or 617.0303, F.S.

Signature of Registered Agent: Debbie Diaz **Debbie Diaz**
REGISTERED AGENT Assistant Secretary Date: 11/14/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Phillips Gilbert	787 Seventh Avenue c/o Sidley Austin Attn: Michael H. Yanowitch	New York, NY 10019
T	John Gallahan	787 Seventh Avenue c/o Sidley Austin Attn: Michael H. Yanowitch	New York, NY 10019

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate taxes satisfies the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 118, F.S. 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: Phillips Gilbert **Phillips Gilbert**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2082

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)617-6384

From:

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Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

GEODIS AMERICA, INC.

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