PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 SEP 13 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 01-02

DOCUMENT # F98000002932

1. Corporation Name

TKX LOGISTICS, INC.

2. Principal Office Address	3. Mailing Office Address
381 OSAGE DRIVE	400 RENAISSANCE CENTER
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	TAX DEPT.-STE. 3900
City & State	City & State
MAUMEE, OH	DETROIT, MI
Zip / Country	Zip / Country
43537 / USA	48243 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/22/98

5. FEI Number: 52-2107657 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE | State: FL | Zip Code: 32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Kim Lunard — Date: 9-10-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	GREAVES, RICHARD J	400 RENAISSANCE CTR (3900)	DETROIT, MI 48243
V/D	BABER, JAMES	381 OSAGE DRIVE	MAUMEE, OH 43537
S/T/D	GILL, A. MALCOLM	400 RENAISSANCE CTR (3900)	DETROIT, MI 48243
AS	DUFF, DANEL V JR.	400 RENAISSANCE CTR (3900)	DETROIT, MI 48242

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 name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: James K Baber — JAMES BABER — 9/9/02 — (313) 566-7443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32524F.1

gs 9/13/02