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
01 DEC -3 AM 10:18

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1. Limited Liability Company's Name

INTERSTATE CONTAINER MIAMI, LLC

2. Principal Office Address	**3.** Mailing Office Address
1101 East 33rd Street	1800 N Kent Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	1200, Attn: Ramez Skaff
City & State	City & State
~~Hialeah, FL~~	Rosslyn, VA
Zip / Country	Zip / Country
33013 / USA	22209 / USA

4. State/Country of Formation: ~~Delaware~~

5. Date Organized or Qualified To Do Business in Florida: 9/29/00

6. FEI Number: 54-2014911 ☐ 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

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: BRIAN COURTNEY, ASST. V.P. Date: 11-7-01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
Manager	Charles Feghali	1800 N Kent Street	Rosslyn, VA, 22209
Manager	Harvey Rothstein	1045 N. W. 88th Street	Medley, FL 33178
			Rein 100
			VBR 50
	REINSTATEMENT 2001		150 np

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: CFeghali Date: 11/1/01 Daytime Phone #: 703-243-3355 X1011

Typed or printed name of signing Managing Member/Manager: Charles Feghali