

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 FEB -1 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600295046896

DOCUMENT # M1500006649

1. Limited Liability Company's Name

Wells Fargo Commercial Distribution Finance, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 500 W. Monroe St.		3. Mailing Office Address 500 W. Monroe St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60661	Country USA	Zip 60661	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 08/21/2015	
6. FEI Number 94-3054016	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) Suite, 1201 Hays Street			
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 605, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Courtney Williams

Asst. Vice President

Date 02.01.17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Guy Fuchs	2450 Colorado Ave Floor 03, 3000	Santa Monica, CA 90404-3575
REINSTATEMENT			FEB 01 2017
			R. HUNT

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

2/1/2017

Daytime Phone #

310 453-7217

Typed or printed name of signing authorized representative/member

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 493994 7990950
AUTHORIZATION : *Liquidation*
COST LIMIT : \$ 377.50

ORDER DATE : February 1, 2017
ORDER TIME : 3:46 PM
ORDER NO. : 493994-005
CUSTOMER NO: 7990950

RECEIVED
DEPT. OF REVENUE
17 FEB 1 PM 4:13

REINSTATEMENT

NAME: WELLS FARGO COMMERCIAL
DISTRIBUTION FINANCE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

FEB 01 2017

EXAMINER'S INITIALS R HUNT