M99000001270

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

WALLENIUS WILHELMSEN LINES AMERICAS, LLC

Attn: Diane

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January 6, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WALLENIUS WILHELMSEN LINES AMERICAS, LLC
188 BROADWAY
WOODCLIFF LAKE, NJ 07677

SUBJECT: WALLENIUS WILHELMSEN LINES AMERICAS, LLC
REF: M99000001270

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # M99000001270

1. Limited Liability Company's Name
Wallenius Wilhelmsen Lines Americas, LLC

2. Principal Office Address		3. Mailing Office Address	
188 Broadway		188 Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Woodcliff Lake, NJ		City & State: Woodcliff Lake, NJ	
Zip: 07677	Country: USA	Zip: 07677	Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: July 1, 1999

6. FEI Number: 22-3659198 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ [illegible]

8. Name and Address of Current Registered Agent

Name: C T 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

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: [signature] CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: January 4, 2006
REGISTERED AGENT MUST SIGN

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
mgr	Christopher J Connor	188 Broadway	Woodcliff Lake, NJ 07677
mgr	Don Conaton	188 Broadway	Woodcliff Lake, NJ 07677

REINSTATEMENT 05-06 SW

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: [signature] Date: 1/3/06 Daytime Phone #: 201-505-7410

Typed or printed name of signing Managing Member/Manager: Daniel M. Conaton