

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 811386

FILED  
Oct 06, 2014  
Secretary of State

**Entity Name:** CROWLEY LINER SERVICES, INC.

**Current Principal Place of Business:**

9487 REGENCY SQUARE BLVD.  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

9487 REGENCY SQUARE BLVD.  
C/O BRUCE LOVE  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 59-0835484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MELISSA KOSTRZEWSKI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP T  
**Name:** WARNER, DANIEL  
**Address:** 9487 REGENCY SQUARE BLVD.  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** DSVP  
**Name:** HOURIHAN, JOHN P  
**Address:** 9487 REGENCY SQUARE BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** DSVP  
**Name:** COLLAR, STEVEN M  
**Address:** 9487 REGENCY SQUARE BLVD.  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** DCOB  
**Name:** CROWLEY, THOMAS B JR.  
**Address:** 555 12TH STREET, SUITE 2130  
**City-St-Zip:** OAKLAND, CA 94607

**Title:** AS  
**Name:** MEAD, ARTHUR F III  
**Address:** 9487 REGENCY SQUARE BLVD.  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** SEC  
**Name:** MCCLELLAN, KERRI  
**Address:** 9487 REGENCY SQUARE BLVD.  
**City-St-Zip:** JACKSONVILLE, FL 32225

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ARTHUR F. MEAD III

AS

10/06/2014

Electronic Signature of Signing Officer or Director

Date