

FILED

15 NOV 23 PM 4: 57

SE 1111 STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

2. Principal Office Address - No P.O. Box #

Suite, Apt #, etc.

City &amp; State

Bowling Green, OH

27

Country

43402

US

### 3. Mailing Office Address

12700 S. Dixie Highway

Suite, Apt #, etc.

City &amp; State

Bowling Green, OH

zip

Country

43402

US

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

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

Date 11.23.15

REGISTERED AGENT MUST SIGN

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

# REINSTATEMENT

2007

201

10. E-mail Address: cchen@landec.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/15

**David M. Preston**

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

ACCOUNT NO. : I20000000195

REFERENCE : 834168 5167008

AUTHORIZATION :

COST LIMIT : \$1,950.00

ORDER DATE : October 16, 2015

ORDER TIME : 3:58 PM

ORDER NO. : 834168-025

CUSTOMER NO: 5167008

REINSTATEMENT

NAME: GREENLINE LOGISTICS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
15 NOV 23 PM 4:30  
NOT PREPARED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING