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To: Division of Corporations  
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**CORPORATION REINSTATEMENT  
IKEA DISTRIBUTION SERVICES INC.**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
| Page Count            | 03         |
| Estimated Charge      | \$1,050.00 |

S. HAWKES  
JUN 2 - A.M.  
EXAMINER

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |  |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  | <b>OFFICE OF THE SECRETARY OF STATE<br/>AL THASSEE, FLORIDA</b> |  |
| <b>DOCUMENT # F12.000000945</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| 1. Corporation Name<br>IKEA Distribution Services, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| 2. Principal Office Address - (No P.O. Box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                   |  | 3. Mailing Office Address                                                              |  |                                                                 |  |
| 120 Alan Wood Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                   |  | Suite, Apt. #, etc.                                                                    |  |                                                                 |  |
| City & State<br>Conshohocken PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                   |  | City & State<br>PA                                                                     |  |                                                                 |  |
| Zip<br>19428                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | Country<br>USA                                                                    |  | Zip<br>PA                                                                              |  | Country                                                         |  |
| 4. Date incorporated or Qualified To Do Business in Florida<br>03/01/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| 5. PETITIONER<br>23-2548662                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| Name<br>CT Corporation System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| Street Address (P.O. Box Number if Not Applicable)<br>1200 South Pine Island Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| City<br>Plantation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                   |  | State<br>FL                                                                            |  |                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                   |  | Zip Code<br>33324                                                                      |  |                                                                 |  |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0808 or 617.0808, F.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| Signature of Registered Agent <i>Margaret E. Outzahn</i> <b>MARGARET E. OUTZAHN</b> Date <u>6/2/2015</u><br>REGISTERED AGENT MUST SIGN Special Assistant Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                    |  | City / State / Zip                                                                     |  |                                                                 |  |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Keith Keller                      | 420 Alan Wood Road                                                                |  | Conshohocken, PA 19428                                                                 |  |                                                                 |  |
| VP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Donald Stewart                    | 420 Alan Wood Road                                                                |  | Conshohocken, PA 19428                                                                 |  |                                                                 |  |
| T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | John Robinson                     | 420 Alan Wood Road                                                                |  | Conshohocken, PA 19428                                                                 |  |                                                                 |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Judy Beverino                     | 420 Alan Wood Road                                                                |  | Conshohocken, PA 19428                                                                 |  |                                                                 |  |
| <b>REINSTATEMENT</b><br><i>2013-2015</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| 10. E-mail Address: <u>richard.piechowski@ikea.com</u><br>(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. 617.153, F.S. |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |
| SIGNATURE: <i>Judy Beverino</i> <b>JUDY BEVERINO</b> <u>5/27/15</u> <u>60-834-0150</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                   |  |                                                                                        |  |                                                                 |  |

S. HAWKES

JUN 2 - AM.

EXAMINER

6/2/2015 11:51:10 AM From: To: 8506176384( 3/3 )

**IKEA Distribution Services, Inc. List of Directors as of May 1, 2015**

|                                           |                                                   |
|-------------------------------------------|---------------------------------------------------|
| <b>Patrik Elofsson, Chairman/Director</b> | <b>420 Alan Wood Road, Conshohocken, PA 19428</b> |
| <b>Keith Keller, Director</b>             | <b>420 Alan Wood Road, Conshohocken, PA 19428</b> |
| <b>Rob Olson, Director</b>                | <b>420 Alan Wood Road, Conshohocken, PA 19428</b> |
| <b>Lars Petersson, Director</b>           | <b>420 Alan Wood Road, Conshohocken, PA 19428</b> |