1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 APR 12 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005218

1. Corporation Name
Crowley Logistics, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
9487 Regency Square Blvd.		155 Grand Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7th Floor	
City & State Jacksonville, FL		City & State Oakland, CA	
Zip 32225	Country USA	Zip 94612	Country USA

0102 dfm

4. Date Incorporated or Qualified To Do Business in Florida 9/17/98

5. FEI Number 943300399 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

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: Deborah D. Skipper — Deborah D. Skipper, Asst. V. Pres. — Date 4/12/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE ATTACHED EXHIBIT FOR OFFICERS AND DIRECTORS		

600005259016--7

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Bruce Love, Secretary — 4/11/02 — 510-251-7551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Crowley Logistics, Inc.

Directors

Thomas B. Crowley, Jr., Director, Chairman of the Board
155 Grand Avenue, 7th Floor
Oakland, CA 94612

William P. Verdon, Director
155 Grand Avenue, 7th Floor
Oakland, CA 94612

John Hourihan, Director
9487 Regency Square Boulevard
Jacksonville, FL 32225

Officers

John Hourihan, Senior Vice President
9487 Regency Square Boulevard
Jacksonville, FL 32225

Albert M. Marucco, Treasurer
155 Grand Avenue, 7th Floor
Oakland, CA 94612

Bruce Love, Corporate Secretary
155 Grand Avenue, 7th Floor
Oakland, CA 94612

Richard L. Swinton, Assistant Treasurer
155 Grand Avenue, 7th Floor
Oakland, CA 94612

Arthur F. Mead, Assistant Corporate Secretary
9487 Regency Square Boulevard
Jacksonville, FL 32225

Gregory L. Watts, Assistant Treasurer
9487 Regency Square Boulevard
Jacksonville, FL 32225

Gal 3

ACCOUNT NO. : 072100000032

REFERENCE : 525857 4703877

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 908.75

ORDER DATE : April 12, 2002

ORDER TIME : 2:55 PM

ORDER NO. : 525857-010

CUSTOMER NO: 4703877

CUSTOMER: Mr. Roberto Hernandez
Crowley Maritime Corporation
155 Grand Avenue
7th Floor
Oakland, CA 94612

REINSTATEMENT

NAME: CROWLEY LOGISTICS, INC.

RECEIVED
02 APR 12 PM 3:23
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____