

L01000002610

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -2 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002610

1. Limited Liability Company's Name

OSTLUND WAREHOUSES, LLC

600023509696
10/02/03--01033--001 **150.00

2. Principal Office Address

PMB 126

Suite, Apt. #, etc.

13015 S.W. 89TH PLACE

City & State

MIAMI, FL

Zip

33176

Country

USA

3. Mailing Office Address

5 SUNNYBROOK ROAD

Suite, Apt. #, etc.

City & State

BERNARDSVILLE, NJ

Zip

07924

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

02/20/2001

6. FEI Number

651128413

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SUSAN BARRETT HECKER

Street Address (P.O. Box Number is Not Acceptable)

200 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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]

REGISTERED AGENT MUST SIGN

Date 9-29-03

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	MARY A. OSTLUND	5 SUNNYBROOK ROAD,	BERNARDSVILLE, NJ 07924
MGR	GRANT J. OSTLUND	131 BAKERS ACRE DRIVE,	HAWTHORNE, FL 32640
MGR	HOLLY L. OSTLUND	13118 S.W. 90 PL,	MIAMI, FL 33176

REINSTATEMENT

2003

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 9-30-03

Daytime Phone # 305 458 2736

Typed or printed name of signing Managing Member/Manager

MARY A. OSTLUND, Manager

CR2E041 (10/02)