

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

2. DOCUMENT # L01000014444

Name and Mailing Address

0010882 01 AT 0.292 **AUTO TO 0 0615 34236-559499



MX LOGISTICS, LLC

1111 RITZ CARLTON BLVD.

SARASOTA FL 34236-5594

FILED

03 NOV 13 PM 4:45

STATE OF FLORIDA
TALLAHASSEE



BK

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/20/2001	
Principal Place of Business 1111 RITZ CARLTON BLVD. SARASOTA FL 34236	3. New Principal Place of Business Address City, State, Zip	6. FEI Number APPLIED FOR	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. 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 <u>Connie Bryan</u> SIGNATURE SPECIAL ASSISTANT SECRETARY Date <u>11/13/2003</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WALHOF, CHRISTIAAN G	1111 RITZ CARLTON BLVD.	SARASOTA FL 34236
		500024897015 11/21/03--01003--024 **\$155.00	
REINSTATEMENT 2003			
12. 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 <u>[Signature]</u> SIGNATURE REQUIRED Date <u>11/5/03</u> Daytime Phone # <u>941-906-7337</u> Typed or printed name of signing Managing Member/Manager			