

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:39

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000016558

1. Limited Liability Company's Name

DALI LOGISTICS, LLC.

2. Principal Office Address

7204 NW 84 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7202 NW 84 Ave

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

07/01/02

6. FEI Number

04-3694596

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Miami FL

City & State

Miami FL

Zip

33166

Country

USA

Zip

33166

Country

USA

8. Name and Address of Current Registered Agent

Name

Fernando Cassingena

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

7202 NW 84 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date

03/16/05

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
Mr.	FERNANDO CASSINGENA	7204 NW 84 Ave	Miami FL 33166

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

Date

03/16/05

Daytime Phone #

305 594-0266

Typed or printed name of signing Managing Member/Manager

FERNANDO CASSINGENA

X108

CR2E041 (10/02)