

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAR 12 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-16-05  
250.00

DOCUMENT # L04000012275

1. Limited Liability Company's Name

**ATLANTIC INTERMODAL LOGISTICS**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>5207 Doolittle Road</b>		3. Mailing Office Address <b>PO Box 185</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b>		City & State <b>Gloucester City, NJ</b>	
Zip <b>32254</b>	Country <b>USA</b>	Zip <b>08030</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>02/03/2004</b>	
6. FEL Number <b>38 3698732</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

Name <b>Brian Benson</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>5207 Doolittle Road</b>		
Suite, Apt. #, Etc.		
City <b>Jacksonville, FL</b>	State <b>FL</b>	Zip Code <b>32254</b>

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Brian Benson*  
REGISTERED AGENT MUST SIGN

Date

*1/25/07*

**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
MGRM	Brian Benson	5207 Doolittle Road	Jacksonville, FL 32254

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

*Brian Benson*

Date

*1/25/07*

Daytime Phone#

**856-423-2209**

Typed or printed name of signing Managing Member/Manager

**Brian Benson**

**REINSTATEMENT 05-07**

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