

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 SEP 10 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT #** LO5000099978

1. Limited Liability Company's Name

ATRIUM LOGISTICS GROOUP LLC

2. Principal Office Address - No P.O. Box #

9110 BROOKLINE DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32819

Country

ORANGE

3. Mailing Office Address

9110 BROOKLINE DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL 32819

Zip

32819

Country

ORANGE

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/11/2005

6. FEI Number

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required
for a Certificate of Status**8. Name and Address of Current Registered Agent**

Name

CLYDE FERGUSON

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

9110 BROOKLINE DR

Suite, Apt. #, Etc.

City

ORLANDO

State

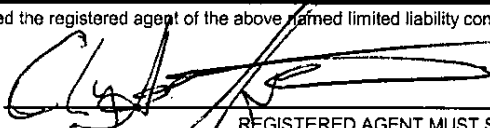
FL

Zip Code

32819

☒ 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

Date 9/3/2009

REGISTERED AGENT MUST SIGN

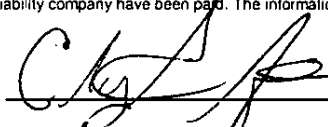
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Clyde Ferguson	9110 Brookline Dr	200160441802 09/11/09--01001--001 ***133.75
mgrm	Tyrone Ferguson	"	
			200160441802 09/09/09--01004--019 ***421.25

REINSTATEMENT

06-09 AL

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 9/3/2009

Daytime Phone #

Typed or printed name of signing Managing Member/Manager CLYDE FERGUSON