PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 NOV -6 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/06/12--01007--015 **655.00

CR2E041 (1/11)

DOCUMENT # L07000045278

1. Limited Liability Company's Name
LSG LOGISTICS LLC
Holdings

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3810 GREY HARBOR DR	2602 BRAFFERTON CT.
Suite, Apt. #, etc.: #103	Suite, Apt. #, etc.:
City & State: RALEIGH, N.C.	City & State: RALEIGH, N.C.
Zip: 27616 Country: US	Zip: 27604 Country: US.

4. State/Country of Formation: FLORIDA US

5. Date Organized or Qualified To Do Business In Florida: APRIL 30, 2007.

6. FEI Number: 262390548 ☐ 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: DENNIS JENKINS

Street Address (P.O. Box Number is Not Acceptable): 2746 MINGO DR.

Suite, Apt. #, Etc.:

City: LAND O LAKES State: FL Zip Code: 34638

E-mail Address:
REINSTATEMENT
CANDYMAY_2000@YAHOO.COM
(To be used for future annual report notices)

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 11/1/12
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	ROBERT WEDDERBURN	2602, BRAFFERTON CT.	RALEIGH, NC, 27604
MGRM	MALINE WEDDERBURN	2602, BRAFFERTON CT,	RALEIGH, NC 27604.
			B. BOSTICK
			NOV - 8 2012
			EXAMINER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 11/2/12 Daytime Phone # 561-876-6209.

Typed or printed name of signing Managing Member/Manager _____