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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 10 AM 10:53

1. DOCUMENT # L97000000853
Name and Mailing Address

0006551 01 AT 0.292 **AUTO T5 0 0615 33147-751995
COLMAR STORAGE, L.L.C.
6695 NW 36TH AVE
MIAMI FL 33147-7519

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 08/05/1997

Principal Place of Business
6695 NW 36TH AVE
MIAMI FL 33147

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
65-0942373
☐ 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**

AUSTIN, RICHARD B
8390 NW 53RD ST
300 ROCHESTER BLDG
MIAMI FL 33166

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 SIGNATURE REQUIRED Date 10/20/03
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
MEM	DUPUY STORAGE & FORWARDING CORPORATION MGRM	4300 JOURDAN RD	NEW ORLEANS LA 70126
MEM	CONTINENTAL TERMINALS, INC. MGRM	RIVER TERNIMAL BLDG. 54A, HACKENSACK AVE.	KEARNEY NJ 07032

600024097996
10/24/03--01072--016 **150.00

REINSTATEMENT 03 dcc

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/Manage Kevin D Colley MGRM Date 10/22/03 Daytime Phone # 504-245-7615

Typed or printed name of signing Managing Member/Manager KEVIN D. COLLEY MGRM