

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Har...

FILED

02 JUL -8 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-07/10/02--01051--003  
\*\*\*\*200.00 \*\*\*\*200.00

**L98000000564**

DOCUMENT # **L98000000564**  
1. Limited Liability Company's Name  
**AMWARE LOGISTICS SERVICES OF FLORIDA, LLC**

2. Principal Office Address  
**5301 E. Hannah Ave.**  
Suite, Apt. #, etc.  
City & State  
**Tampa, FL**  
Zip **33610** Country **USA**

3. Mailing Office Address  
**1126 Ponce de Leon Ave**  
Suite, Apt. #, etc.  
City & State  
**Atlanta, Georgia**  
Zip **30306** Country **USA**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified To Do Business in Florida  
**05/01/98**

6. FEI Number  
**58-2388278** 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  
**CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Road**  
Suite, Apt. #, Etc.  
City  
**Plantation**  
State **FL** Zip Code **33324**

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  
**JENNIFER F AULTMAN** Date **5-30-02**  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR MGR	Amware Logistics Services, Inc.	4600 Frontage Road	Forest Park, Ga. 30297
MBR MGR	Dedicated Commercial Logistics, Inc.	5301 E. Hannah Ave.	Tampa, FL 33610

REINSTATEMENT 2001-02

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 606.406, 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  
**Mark Wilhelm** Date **5/30/02** Daytime Phone # **910 748 6100**  
Typed or printed name of signing Managing Member/Manager **Mark Wilhelm**