

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 24 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L98-2337

**1. Limited Liability Company's Name**

Canaveral Marine Terminals, LLC

**2. Principal Office Address**

9012 Herring Street

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

USA

**3. Mailing Office Address**

P. O. Box 587

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

10/19/1998

**6. FEI Number**

59-3539903

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

Patrick T. Lee

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

9012 Herring Street

Suite, Apt. #, Etc.

City

Cape Canaveral

State

FL

Zip Code

32920

400003349524-9

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\*\*\*\*200.00 \*\*\*\*200.00

**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

REGISTERED AGENT MUST SIGN

Date

**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
Member	Stevens Shipping and Terminal Company	26 East Bay Street	Savannah, GA 31498
Member	Atlantic Container Service, Inc.	124 Prosperity Drive	Savannah, GA 31408-9550
Member	Mid-Florida Freezer Warehouses, Ltd.	9012 Herring Street	Cape Canaveral, FL 32920

**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

7/24/00

Daytime Phone #

321-783-9623

Typed or printed name of signing Managing Member/Manager

Patrick T. Lee

CR2E041 (9/99)