PLEASE READ ALL INSTRUCTIONS BEFORE COMF

FILED
Oct 23, 2002 8:00 A.M.
Secretary of State

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10/23/02--01090--001 **155.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L98000002337

1. Limited Liability Company's Name
Canaveral Marine Terminals, L.C.

2. Principal Office Address		**3.** Mailing Office Address	
9025 N. Atlantic Avenue		PO Box 572	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cape Canaveral, FL		City & State: Cape Canaveral, FL	
Zip: 32920	Country: USA	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: 593539903 — ☐ 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: Rhonda A. Lee

Street Address (P.O. Box Number is Not Acceptable): 9025 N. Atlantic Avenue

Suite, Apt. #, Etc.:

City: Cape Canaveral | State: FL | Zip Code: 32920

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: Rhonda A Lee — Date: 10/16/02
REGISTERED AGENT MUST SIGN

CR2E041 (8/01)

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
Mem	Mid-Florida Freezer Warehouse, LTD	9025 N. Atlantic Avenue	Cape Canaveral/FL/32920
Mem	Atlantic Container Service, Inc.	124 Prosperity Drive	Garden City/GA/31408
Mem	Stevens Shipping & Terminal Co.	26 East Bay Street	Savannah/GA/31498
		REINSTATEMENT	

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: [signature] — Date: 10-21-02 — Daytime Phone #: 912 964-0933

Typed or printed name of signing Managing Member/Manager: Steven Miller