

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

02 JAN 23 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *M00000001914*

1. Limited Liability Company's Name

Columbia Coastal Transport, LLC

800004793948--5
-01/24/02--01030--005
****200.00 ****200.00

2. Principal Office Address

8321 N.W. 12th Street

Suite, Apt. #, etc.

3. Mailing Office Address

106 Allen Road

Suite, Apt. #, etc.

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

9/12/96

6. FEI Number

22-3464998

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

City & State

Miami, FL

Zip Country

33126

City & State

Liberty Corner, NJ

Zip Country

07938

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

REINSTATEMENT

et al

dec

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

Carla Biggins

Date *1/15/02*

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
<i>Pres</i>	<i>Bruce Fenimore</i>	<i>106 Allen Rd</i>	<i>Liberty Corner NJ 07938</i>
<i>V. Pres</i>	<i>Tom Delaney</i>	<i>106 Allen Rd</i>	<i>Liberty Corner NJ 07938</i>
<i>V. Pres</i>	<i>John Urciuoli</i>	<i>106 Allen Rd</i>	<i>Liberty Corner NJ 07938</i>
<i>V. Pres</i>	<i>Robert Castro</i>	<i>106 Allen Rd</i>	<i>Liberty Corner NJ 07938</i>

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

Robert Castro

Date *10/22/00*

Daytime Phone# *908-991-0001*

Typed or printed name of signing Managing Member/Manager

Robert Castro, VP