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# LIMITED LIABILITY REINSTATEMENT

## TOTAL LOGISTIC CONTROL, LLC

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**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000000380

1. Limited Liability Company's Name
Total Logistic Control, LLC

REINSTATEMENT

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 8300 Logistic Drive | 19011 Lake Drive East |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Zeeland, MI | City & State: Chanhassen, MN |
| Zip: 49464-9379 Country: USA | Zip: 55317 Country: USA |

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 36-4217230 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑

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

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: Michele Miller Date: 10/26/06

REGISTERED AGENT MUST SIGN

Assistant Secretary

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 |
|---|---|---|---|
| Pres | Robert Koerner | 8300 Logistic Drive | Zeeland, MI 49464 |
| VP | Sherry M. Smith | 11840 Valley View Road | Eden Prairie, MN 55344 |
| VP | Doyle Troyer | 250 Parkcenter Blvd | Boise, ID 83706 |
| VP | Karen T. Borman | 11840 Valley View Road | Eden Prairie, MN 55344 |
| VP | John P. Breedlove | 11840 Valley View Road | Eden Prairie, MN 55344 |
| VP | Matthew R. Desmond | 11840 Valley View Road | Eden Prairie, MN 55344 |

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 608.508, 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: Sherry Smith Date: 10/26/06 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: