

M020000000380

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT

TOTAL LOGISTIC CONTROL, LLC

Certificate of Status	0
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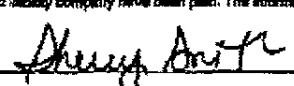
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000000380 1. Limited Liability Company's Name Total Logistic Control, LLC			
2. Principal Office Address 8300 Logistic Drive Suite, Apt. #, etc.		3. Mailing Office Address 19011 Lake Drive East Suite, Apt. #, etc.	
City & State Zeeland, MI Zip 49484-9379		City & State Chanhassen, MN Zip 55317	
Country USA		Country USA	
4. State/Country of Formation DE		5. Date Organized or Qualified To Do Business in Florida	
6. EIN Number 36-4217230		Applied For ☐ Not Applicable	
7. CERTIFY DATE 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. 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 10/26/08 REGISTERED AGENT MUST SIGN Assistant Secretary			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Robert Koerner	8300 Logistic Drive	Zeeland, MI 49484
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 determined, the limited liability company name satisfies the requirements of section 608.400, 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 10/26/08 Phone #			
Typed or printed name of signing Managing Member/Manager			