

M020000001234

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000086469 3)))



H120000864693ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-0821
Fax Number : (850) 558-1515

FILED
12 APR -3 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
PROLOGIS NA2 U.S. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

RECEIVED
12 APR -3 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR -4 2012
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 APR -3 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001234

1. Limited Liability Company's Name

ProLogis NA2 U.S. LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 4545 Airport Way		3. Mailing Office Address 4545 Airport Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Legal Dept.	
City & State Denver, CO		City & State Denver, CO	
Zip 80239	Country USA	Zip 80239	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 05/14/2001	
6. FEI Number 04-3643180	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	

E-mail Address:

lmuenich@prologis.com
(To be used for future annual report notices)

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 Becky Peirce Becky Peirce Assistant Vice President Date 04/03/2012

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
MEM MEM	ProLogis NA2 Fund	4545 Airport Way	Denver, CO 80239

REINSTATEMENT-2011-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Edward S. Nekritz Date 4/2/12 Daytime Phone # 303-567-5653

Typed or printed name of signing Managing Member/Manager Edward S. Nekritz, General Counsel & Secretary of Prologis, on behalf of

ProLogis NA2 Fund, the sole member of ProLogis NA2 U.S. LLC

C-L