


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

11 MAR 25 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300197154053  
03/25/11--01037--014 \*\*593.75

300197154053  
03/08/11--01041--002 \*\*238.75  
CR2E041 (05/10) 06-11

DOCUMENT # M02000001496

1. Limited Liability Company's Name  
Amware Pallet Services, LLC

2. Principal Office Address - No P.O. Box # 936 Chambers Court Suite, Apt. #, etc. A-11 City & State Eagle, CO Zip 81631 Country USA		3. Mailing Office Address P.O. Box 5259 Suite, Apt. #, etc. City & State Eagle, CO Zip 81631 Country USA	
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4. State/Country of Formation Georgia	Applied For <input type="checkbox"/>
5. Date Organized or Qualified To Do Business in Florida	Not Applicable <input type="checkbox"/>
6. FEI Number 30-0079555	
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.: Tallahassee, FL  
City: Tallahassee, FL State: FL Zip Code: 32301

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: Corporation Service Company by: Patricia Mull - Assistant V.P.  
Date: 2-28-2011  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Jim Smith	P.O. Box 5259	Eagle CO 81631
COO	Mark Wilhelm	P.O. Box 5259	Eagle CO 81631

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11. E-mail Address: the@incauskylc.com (To be used for future annual report notifications)

12. 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: 2/28/11 Daytime Phone #: 97

Typed or printed name of signing Managing Member/Manager: