

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



03 NOV 18 PM 1:15

12/01

1. DOCUMENT # M02000001496
Name and Mailing Address

0017765 01 FP 0.352 **PRSRT H5 1 0615 81620

AMWARE PALLET SERVICES, LLC
331 METCALF ROAD, 2ND BUILDING, SUITE 7
AVON CO 81620



REINSTATEMENT 2003

2. New Mailing Address PO Box 8370 City, State, Zip Avon, Co 81620		4. State/Country of Formation GA	
Principal Place of Business 331 METCALF ROAD, 2ND BUILDING, SUITE 7 AVON CO 81620		5. Date Organized or Qualified To Do Business in Florida 06/10/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 30-0079555	
		Applied For Not Applicable	
		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 Hiedi M. Lischke, Asst. Secy Date 11/13/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WILHELM, MARK J	331 METCALF ROAD, 2ND BUILDING, SUITE 7	AVON CO 81620
MGR	SMITH, JIM	331 METCALF ROAD, 2ND BUILDING, SUITE 7	AVON CO 81620
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REINSTATEMENT 2003			

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 11/10/03 Daytime Phone # 970-748-6700
Typed or printed name of signing Managing Member/Manager