

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002591

1. Limited Liability Company's Name

Atlas Cold Storage America LLC

2. Principal Office Address

5255 Yonge Street

3. Mailing Office Address

5255 Yonge Street

Suite, Apt. #, etc.

Suite 900

Suite, Apt. #, etc.

Suite 900

City & State

Toronto Ontario

City & State

Toronto Ontario

Zip

M2N5P8

Country

Canada

Zip

M2N5P8

Country

Canada

4. State/Country of Formation

Minnesota

5. Date Organized or Qualified To Do Business in Florida

10/1/02

6. FEI Number

61 1426193

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DELETED ☐

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. 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 606, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

3/25/04

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
MGR	Jack Scott	5255 Yonge Street	Toronto Ontario M2N5P8
MGR	Darrell Ewert	5255 Yonge Street	Toronto Ontario M2N5P8
MGR	William Aziz	5255 Yonge Street	Toronto Ontario M2N5P8

11. I certify that I am managing member/manager or the partner or trustee empowered to execute this application as provided for in chapter 606, 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 03/23/04

Daytime Phone 416-512-3631

Typed or printed name of signing Managing Member/Manager Darrell Ewert

Florida Department of State
Division of Corporations
Public Access System

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT**ATLAS COLD STORAGE AMERICA LLC**

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