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LIMITED LIABILITY REINSTATEMENT

FREIGHT MANAGEMENT LLC

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000001169

1. Limited Liability Company's Name
Freight Management, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
800 Federal Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Carteret, New Jersey	City & State
Zip: 07008 Country: USA	Zip Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 04/14/2003

6. FEI Number: 11-3539407 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 12– South 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 605, F.S.

Signature of Registered Agent: _____ Date: 10/18/06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	GREGORY DESAYE	800 FEDERAL BLVD.	CARTERET, NJ 07008
PRES	ROBERT J. O'NEILL	800 FEDERAL BLVD.	CARTERET, NJ 07008
COO	MICHAEL DESAYE	800 FEDERAL BLVD.	CARTERET, NJ 07008
CFO	NEIL DEVINE	800 FEDERAL BLVD.	CARTERET, NJ 07008
SEC	JOSEPH CANGELOSI	800 FEDERAL BLVD.	CARTERET, NJ 07008

REINSTATEMENT 2005-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.408, 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: _____ CEO Date: 10-16-06 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: NEIL DEVINE