

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M03000001265

1. Limited Liability Company's Name

DESCARTES SYSTEMS (USA) LLC

W07000033897

2. Principal Office Address - No P.O. Box #  
2030 POWERS FERRY ROAD

Suite, Apt. #, etc.  
510

City & State  
ATLANTA, GA

Zip  
30339

Country  
USA

3. Mailing Office Address  
120 RANDALL DRIVE

Suite, Apt. #, etc.

City & State  
WATERLOO, ON

Zip  
N2V 1C6

Country  
CANADA

CR2E041 (1/07)

4. State/Country of Formation  
DELAWARE

5. Date Organized or Qualified  
To Do Business in Florida 04/23/2003

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City  
PLANTATION

State  
FL

Zip Code  
33324

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

*Debbie Diaz*

Debbie Diaz

REGISTERED AGENT MUST SIGN

Assistant Secretary

Date 4/02/07

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
MGR	DESCARTES US HOLDINGS INC.	120 RANDALL DRIVE	WATERLOO/ONTARIO/N2V 1C6/CANADA
			300110061343 03/28/07--01055--011 **150.00
	FF \$150		REINSTATEMENT
	RF N/A		2005-2007

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.

Signature of  
Managing Member/Manager

*Stephanie Ratza*

Date July 4/07

Daytime Phone (519) 746-8110

Typed or printed name of signing Managing Member/Manager

Stephanie Ratza