PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 28 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000000226

1. Limited Liability Company's Name
GULF TERMINAL INTERNATIONAL, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9901 BLOUNT ISLAND BLVD.	16000 CHRISTENSEN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	STE 301
City & State	City & State
JACKSONVILLE, FL	SEATTLE, WA
Zip / Country	Zip / Country
32226 / USA	98188 / USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida
1/16/2004

6. FEI Number
74-1696737
☐ 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 duties and obligations of section 608, F.S.

Signature of Registered Agent: Madonna Cuddihy Special Assistant Secretary 3/25/08
REGISTERED AGENT MUST SIGN

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	PETER D.BENNETT	16000 CHRISTENSEN ROAD, S-301	SEATTLE, WA 98188
MGR	GARY J. HURLEY	300 LIGHTING WAY, 5TH FLOOR	SECAUCUS, NJ 07094
MGR	BRIAN MASON	19001 S. WESTERN AVENUE	TORRANCE, CA 90501
	REINSTATEMENT 05-08		

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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: _____ Date: 3/25/08 Daytime Phone #: (206) 431-4778

Typed or printed name of signing Managing Member/Manager: PETER D. BENNETT