

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Internship Logistics LLC

07/14

CR2E041 (11/09)

FILED
SECRETARY OF CORPORATIONS
09 DEC 17 PM 2:08

2. Principal Office Address - No P.O. Box #
2775 Broadway

Suite, Apt. #, etc.

City & State
Buffalo, NY

Zip Country
14227 USA

3. Mailing Office Address
2775 Broadway

Suite, Apt. #, etc.

City & State
Buffalo, NY

Zip Country
14227 USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida 3/27/2006

6. FEI Number 204485099

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 United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Blvd.

Suite, Apt. #, Etc.
Ste. 508

City State Zip Code
Miami FL 33156

☒ 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 [Signature]
REGISTERED AGENT MUST SIGN

Date 12/16/09

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
MGRM	David Buonerba	2775 Broadway	Buffalo, NY 14227
MGRM	PATRICK M. MILLIGAN	2775 BROADWAY	BUFFALO, NY 14227

REINSTATEMENT 2007-2009

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11. E-mail Address: PMILLIGAN@TACUSTOAS.COM

(To be used for future annual report notifications)

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 12/15/09 Daytime Phone # (716) 462-5894

Typed or printed name of signing Managing Member/Manager Patrick M. Milligan