

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 FEB 22 PM 6:27

DOCUMENT # M14000000306

1. Limited Liability Company's Name
STANDARD FORWARDING LLC

500309613095

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2925 Morton Drive		3. Mailing Office Address 1210 South Pine Island Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Legal Dept	
City & State East Moline, IL		City & State Plantation, FL	
Zip 61244	Country USA	Zip 33324	Country USA

4. State/Country of Formation
Delaware / USA

5. Date Organized or Qualified
To Do Business in Florida
17 Jan 2014

6. FEI Number
27-1883111

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

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FEB 22 2018

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

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
P	Volker Bargenda	2925 Morton Drive	East Moline, IL 61244
V	Terry Olsen	2925 Morton Drive	East Moline, IL 61244
CFO	Jon Lindus	2925 Morton Drive	East Moline, IL 61244
S	C Marcus-Stanley	1210 S Pine Island Road	Plantation FL 33324
MGR	DHL Freight (USA), Inc	1210 S Pine Island Road	Plantation FL 33324

11. E-mail Address: carol.marcus@dhl.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 22 Feb 2018

Daytime Phone # 954 626 1762

Typed or printed name of signing Authorized Representative/Manager C Marcus-Stanley