

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 10 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000030

1. Limited Liability Company's Name

AMWARE LOGISTIC SERVICES OF JAX, LLC

2. Principal Office Address

4600 FRONTAGE ROAD

Suite, Apt. #, etc.

City & State

FOREST PARK, GEORGIA

Zip

Country

30297

3. Mailing Office Address

4600 FRONTAGE ROAD

Suite, Apt. #, etc.

City & State

FOREST PARK, GEORGIA

Zip

Country

30297

4. State/Country of Formation

GEORGIA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

X

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for 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

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

REGISTERED AGENT MUST SIGN

Date 5-23-02

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	AMWARE LOGISTIC SERVICES, INC.	4600 FRONTAGE ROAD	FOREST PARK, GEORGIA 30297
<div>REINSTATEMENT 00-02 GA</div> <div>#000005763334--5</div> <div>-05/12/02--01062--002</div> <div>****250.00 ****250.00</div>			

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

Mark Wilhelm

Date 5-23-02

Daytime Phone # 904-872-7086

Typed or printed name of signing Managing Member/Manager

MARK WILHELM