

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 19 AM 8:38

DOCUMENT # 1799000000030

1. Limited Liability Company's Name

Amware Logistics Services of Jax, LLC

2. Principal Office Address

936 Chambers Ct

Suite, Apt. #, etc.

Suite A-11

City & State

Eagle, CO

Zip

81631

Country

USA

3. Mailing Office Address

936 Chambers Ct

Suite, Apt. #, etc.

Suite A-11

City & State

Eagle, CO

Zip

81631

Country

USA

4. State/Country of Formation

Georgia

5. Date Organized or Qualified  
To Do Business in Florida

1999

6. FEI Number

58-2430191

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 S. Pine Island Rd.

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

Barbara A. Burke

**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

Date

9-16-05

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	Mark Wilhelm	936 Chambers Ct, Ste A-11	Eagle, CO 81631
MGR	Jim Smith	936 Chambers Ct, Ste A-11	Eagle, CO 81631

700059751597  
09/19/05--01065--003 \*\*250.00

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

9-13-05

Daytime Phone # 970-337-7000

Typed or printed name of signing Managing Member/Manager

Mark Wilhelm

CR2E041 (10/02)