

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 26 PM 4:15

DOCUMENT # M 990000000 81

1. Limited Liability Company's Name

ECU LINE USA, LLC

600004716736--0
-12/10/01--01083--017
****155.00 ****155.00

2. Principal Office Address

7819 NW 15 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

US

3. Mailing Office Address

7819 NW 15 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33126

Country

US

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

01/22/1999

6. FEI Number

65-0854125

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

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

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
MGRM	AMHOLD GENERAL PARTNERSHIP	7819 NW 15 STREET	MIAMI, FL 33126
MGRM	DE WITTE, KRIS	7819 NW 15 STREET	MIAMI, FL 33126
MGRM	ECU LINE CANADA INC	1804 ALSTED DRIVE	MISSISSAUGA, ON, CANADA L5S 1W1

REINSTATEMENT

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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

Kris De Witte

Date 11/14/01

Daytime Phone #

305 468 8010

Typed or printed name of signing Managing Member/Manager

KRIS DE WITTE

CR2E041 (9/00)