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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> <i>2002 UBR</i>		FLORIDA DEPARTMENT OF STATE <b>Katherine Hams</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <i>P00255</i>			
1. Corporation Name Americold Corporation			
2. Principal Office Address 10 Glenlake Parkway Suite, Apt. #, etc. Suite 800 City & State Atlanta, GA Zip 30328 Country USA		3. Mailing Office Address 10 Glenlake Parkway Suite, Apt. #, etc. Suite 800 City & State Atlanta, GA Zip 30328 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 12/13/1983		5. FEI Number 93-0295215 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. 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			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS. Signature of Registered Agent <i>[Signature]</i> <b>Allan Farnell, Assistant Vice President</b> REGISTERED AGENT MUST SIGN Date <i>12/9/02</i>			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached addendum for all		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Tony Woodard, Vice President, Treasurer and Secretary</b>		Date <i>11/26/02</i>	Daytime Phone # <i>678.441.1510</i>

STATE OF FLORIDA  
CORPORATION REINSTATEMENT  
ADDENDUM

**Item 9 – Listing of Officers and Directors with addresses:**

**OFFICERS**

**OFFICE**

Alec Covington  
Jonathan Daiker

President & Chief Executive Officer  
Senior Vice President, Chief  
Financial Officer  
Vice President  
Vice President, Treasurer & Secretary  
Vice President & Controller  
Assistant Secretary

Joseph Macnow  
Tony Woodard  
James Arnold  
Craig Stern

All Officers located at: 10 Glenlake Parkway, Suite 800  
Atlanta, GA 30328

**DIRECTORS**

Michael Fascielli  
Steve Roth

Both Directors located at: Vornado Operating Company  
888 Seventh Avenue  
New York, NY 10019



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December 5, 2002

**VIA FEDERAL EXPRESS**

Division of Corporations  
Florida Office of Secretary of State  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Reinstatement of Americold Corporation - Waiver of Penalty request**

Dear Sir or Madame:

A review of our records indicates that the Americold Corporation 2001 annual report was never filed and therefore the entity revoked in the state of Florida. This 2001 annual report form was never received. We respectfully request that you file the enclosed corporation reinstatement form and waive the \$600.00 reinstatement fee.

Please contact me at 678.441.1510 if there are any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Tony Woodard", is written over a horizontal line.

Tony Woodard  
Vice President and Treasurer