

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

CORPORATION REINSTATEMENT  
DRIVELINE RETAIL SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 18 PM 12:00

**DOCUMENT #** F03000001145

1. Corporation Name

DRIVELINE RETAIL SOLUTIONS, INC.

2. Principal Office Address - No P.O. Box #

3300 Fernbrook Lane North

Suite, Apt. #, etc.

200

City & State

Plymouth, MN

Zip

55447

Country

USA

3. Mailing Office Address

3300 Fernbrook Lane North

Suite, Apt. #, etc.

200

City & State

Plymouth, MN

Zip

55447

Country

USA

**REINSTATEMENT 08-09** KS

4. Date Incorporated or Qualified To Do Business in Florida

03/06/2003

5. FEI Number  
371453968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 additional fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

C T 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 607.0605 or 617.0505, F.S.

Signature of Registered Agent

*Rebecca Burt*

REGISTERED AGENT MUST SIGN

Date 11/17/09

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Randy Wilson	3300 Fernbrook Ln N, Ste 200	Plymouth, MN 55447
CFO	Mike McGurran	3300 Fernbrook Ln N, Ste 200	Plymouth, MN 55447
Director	Vince Willis	3300 Fernbrook Ln N, Ste 200	Plymouth, MN 55447
COO	Michelle Marsh	3300 Fernbrook Ln N, Ste 200	Plymouth, MN 55447

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 contained in Chapter 119, 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:

*Mike McGurran*

Mike McGurran

11/10/2009

763-553-3806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #