

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 JUN 12 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000014647

1. Corporation Name 3215, L.L.C.

2. Principal Office Address - No P.O. Box # 3215 GOLF SHORE BLVD. N. Suite, Apt. #, etc. 507 City & State NAPLES, FL Zip 34103 Country COLLIER		3. Mailing Office Address 592 DEER RIDGE LANE S. Suite, Apt. #, etc. City & State MAPLEWOOD, MN Zip 55119 Country RAMSEY	
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4. Date Incorporated or Qualified To Do Business in Florida 6/10/2002

5. FEI Number 41-200-7455 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name THOMAS P. KANE
Street Address (P.O. Box Number is Not Acceptable) 3215 GOLF SHORE BLVD. N.
Suite, Apt. #, Etc. 507
City NAPLES State FL Zip Code 34103

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.

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, F.S.

Signature of Registered Agent *Thomas Kane* Date July 30 2008
REGISTERED AGENT MUST SIGN

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
P	THOMAS P. KANE	592 DEER RIDGE LANE S.	MAPLEWOOD, MN 55119

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06/03/08--01029--018 **900.00

REINSTATEMENT 03-08

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: *Thomas Kane* Date July 30 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #