

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2010 APR 27 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/20/10--01044--019 **277.50

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000119877

1. Limited Liability Company's Name
AMERIPRISE LAND GROUP, LLC

2. Principal Office Address - No P.O. Box # 426 SW Commerce Dr.		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite 130		Suite, Apt. #, etc. Same	
City & State Lake City, FL		City & State Same	
Zip 32025	Country Columbia	Zip Same	Country Same

4. State/Country of Formation
Columbia County, Florida

5. Date Organized or Qualified To Do Business in Florida
12/13/2005

6. FEI Number 542191232	Applied For Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Charles S. Sparks

Street Address (P.O. Box Number is Not Acceptable)
426 SW Commerce Drive

Suite, Apt. #, Etc.
Suite 130

City Lake City	State FL	Zip Code 32025
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A \$100 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 \$100 reinstatement be waived.

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 *Charles S. Sparks* Date 4-15-10

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	Charles S. Sparks	426 SW Commerce Dr. Suite 130	Lake City, FL 32025

REINSTATEMENT 09-10-AL

11. E-mail Address: charlie@charliesparks.com

(To be used for future annual report notifications)

12. 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 *Charles S. Sparks* Date 4-15-10 Daytime Phone # 386-755-0808

Typed or printed name of signing Managing Member/Manager Charles S. Sparks