PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 AUG 22 AM 9:49
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 519794

1. Corporation Name

Imperial Palms Apartments Co. Ltd.

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1107 Hazeltine Boulevard	1107 Hazeltine Boulevard
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Chaska, MN	City & State Chaska, MN
Zip 55318 Country USA	Zip 55318 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/06/1976

5. FEI Number 41-1600317 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston, FL State: FL Zip Code: 33331

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: Gail Johnson, asst. secretary Date: 8-9-06
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
PD	Goodman, John B.	1107 Hazeltine Boulevard, Suite 200	Chaska, MN 55318
DVS	Goodman, Sidney A	1107 Hazeltine Boulevard, Suite 200	Chaska, MN 55318
VT	Peterka, Dan R.	1107 Hazeltine Boulevard, Suite 200	Chaska, MN 55318
V	Seifert, Melinda	1107 Hazeltine Boulevard, Suite 200	Chaska, MN 55318
			000079213550
			08/22/06--01016--021 **1500.00
			REINSTATEMENT 04-06

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: John B. Goodman 8-17-06 952 361-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John B. Goodman, President