PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR : REINSTÄTEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

F01000006038 DOCUMENT

1. Corporation Name

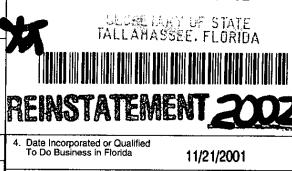
OPUS ESTATES CORPORATION

Principal Place of Business

10350 BREN ROAD WEST MINNETONKA MN 55343

Mailing Address

10350 BREN ROAD WEST MINNETONKA MN 55343



FILED

02 NOV -1 AMII: 42

If above	addresses are incorrect in any way, line	through incorrect i	nformation and en	ter correction below	HEM	Aleme	M 2002
			illing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/21/2001		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			E EFINIMAN		
City & Star	te	City & State			J. FEI Maille	41-1647645	Applied For Not Applicable
Zip	Country	Zip ·	Cou	intry	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Flo	orida nonprofit corp	orations must list at le	east 3 directors)	· · · · · · · · · · · · · · · · · · ·	
Title(s)	Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo		City / State / Zip		
PTD	SCHIFERL, RONALD W	10350 BREN ROAD WEST			MINNETONKA MN 55343		
٧	CAMPA, LUZ	10350 BREN ROAD WEST			MINNETONKA MN 55343		
SD	NICOL, DAN F	10350 BREN ROAD WEST			MINNETONKA MN 55343		
				1	20 11/22/	0009177 02-01099-012	552 **550.00
					20 11/22/	0009177 0201099013	552 **200.00
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
	ORATION SERVICE COMPANY HAYS STREET		Name Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525			Suite, Apt. #, Etc		· · · · · · · · · · · · · · · · · · ·		
т.		·, <u>-</u>		City		F	
0. I, being	g appointed the registered agent of the al	1			obligations of Section	on 607.0505, F.S. or 617.0	

Date 10/31/02

11. 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: