

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 15 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F04000006153

**1. Corporation Name**

Bjork Financial Services, Inc.

000062202220  
12/15/05--01048--003 \*\*750.00

CR2E081 (8/05):

05

**2. Principal Office Address**

8500 Normandale Lk Blvd.

Suite, Apt. #, etc.

Suite 2160

City & State

Bloomington, MN

Zip

55437

Country

U.S.

**3. Mailing Office Address**

8500 Normandale Lk Blvd.

Suite, Apt. #, etc.

Suite 2160

City & State

Bloomington, MN

Zip

55437

Country

U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/25/2004

**5. FEI Number**

41-1790331

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

Stephen Susano

Street Address (P.O. Box Number is Not Acceptable)

2912 W. Gandy Blvd.

Suite, Apt. #, Etc.

Unit C

City

Tampa

State

FL

Zip Code

33611-2856

**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

*Stephen Susano*

REGISTERED AGENT MUST SIGN

Date

12-9-05

**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	Robert Bjork	2000 Kimberly Lane	Plymouth, MN 55447
S	Mark Gaasedelen	7201 Ohms Ln., Ste. 100	Edina, MN 55439

**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 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:

*Mark Gaasedelen*

SEC. Y.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-12-05 952-841-0550

Daytime Phone #