

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

F94000004127

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

DEC -3 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004127

1. Corporation Name
Northwestern Travel Service, Inc.

2. Principal Office Address
7250 Metro Blvd.

Suite, Apt. #, etc.

City & State
Edina, MN

Zip 55439
Country USA

3. Mailing Office Address
7250 Metro Blvd.

Suite, Apt. #, etc.

City & State
Edina, MN

Zip 55439
Country USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 8/9/94

5. FEI Number
41-0956506

Applied For
Not Applicable

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

700004717767--3
-12/11/01--01008--018
****750.00 ****750.00

7. Name and Address of Current Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City
Plantation

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligation to file with the Department of State, on 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Peter F. Souza* **REGISTERED AGENT MUST SIGN**
Date 11/27/01

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
CD	Noble, John	706 Widsten Circle	Wayzata, MN
P	Dahl, Art	485 Vixen Road	Wayzata, MN
TS	Przytarski, Roger	14900 1st Avenue South	Burnsville, MN
D	Noble, Peter T	P.O. Box 576	Ely, MN
D	Noble, Clifford	1810 E. Sheriden Street	Ely, MN
D	Noble, Jack C.	7445 Chippewa Trail	Chanhassen, MN

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: *Roger Przytarski* **Roger Przytarski** **11/20/01** **(952) 921-3700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**