

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
**F95000003503**  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

FILED  
 97 APR 24 AM 11:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F95000003503

1. Corporation Name  
 Garrett Real Estate Development

Principal Place of Business Mailing Address  
 900 2nd Avenue South #890 Same  
 Minneapolis, MN 55402

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable P.O. Box 1826 Suite, Apt. #, etc.		3. New Mailing Address, If Applicable P.O. Box 1826 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 7/20/95	
City & State Naples, FL		City & State Naples, FL 34106		5. FEI Number 41-1425453	
Zip 34106	Country USA	Zip 34106	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTDC	Garrett G. Carlson, Sr.	900 2nd Avenue S., #890	Minneapolis, MN 55402
S.	Garrett G. Carlson, Jr.	900 2nd Avenue S., #890	Minneapolis, MN 55402

**REINSTATEMENT** 96-97 cus  
 9000002155579-3  
 -04/25/97-01099-001  
 \*\*\*\*915.00 \*\*\*\*915.00

8. Name and Address of Current Registered Agent

Garrett G. Carlson, Sr.  
 4501 Tamiami trail N. #216  
 Naples, FL 33940

9. Name and Address of New Registered Agent

Name  
 James D. Vogel, Esq.  
 Street Address (P.O. Box Number is Not Acceptable)  
 3936 Tamiami Trl. N. #B  
 Suite, Apt. #, Etc.  
 City  
 Naples  
 State  
 FL  
 Zip Code  
 34103

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  
 REGISTERED AGENT MUST SIGN

Date 4-22-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:

4-22-97 941-262-3744

CA2E040 (12/95)