

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1

1997 NOV 12 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000001805  
1. Corporation Name  
RTW, INC.

Principal Place of Business  
8500 NORMANDALE LAKE BOULEVARD  
SUITE 1430  
MINNEAPOLIS MN 55439

Mailing Address  
8500 NORMANDALE LAKE BOULEVARD  
SUITE 1430  
MINNEAPOLIS MN 55439



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

|                                                |  |                                              |  |                                                                                                                      |  |
|------------------------------------------------|--|----------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|--|
| 2. New Principal Office Address, If Applicable |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida                                                          |  |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                          |  | 04/10/1996                                                                                                           |  |
| City & State                                   |  | City & State                                 |  | 5. FEI Number                                                                                                        |  |
| Zip                                            |  | Zip                                          |  | 41-1440870                                                                                                           |  |
| Country                                        |  | Country                                      |  | Applied For                                                                                                          |  |
|                                                |  |                                              |  | Not Applicable                                                                                                       |  |
|                                                |  |                                              |  | 6. CERTIFICATE OF STATUS DESIRED <input 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) |                                   |                                                                                     |                    |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|--------------------|
| Title(s)                                                                                                                      | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| PCD                                                                                                                           | PROSSAR, DAVID C                  | 8500 NORMANDALE LAKE BLVD., STE                                                     | MINNEAPOLIS MN     |
| VD                                                                                                                            | FJELSTAD III, J A                 | 8500 NORMANDALE LAKE BLVD., STE                                                     | MINNEAPOLIS MN     |
| STD                                                                                                                           | LATENDRESSE, ALFRED L             | 8500 NORMANDALE LAKE BLVD., STE                                                     | MINNEAPOLIS MN     |
| D                                                                                                                             | MARQUART, VINA L                  | 8500 NORMANDALE LAKE BLVD., STE                                                     | MINNEAPOLIS MN     |
| 200002346722--6<br>-11/13/97--01085--010<br>****165.00 ****165.00                                                             |                                   |                                                                                     |                    |

|                                                                                              |  |                                                                                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 8. Name and Address of Current Registered Agent                                              |  | 9. Name and Address of New Registered Agent                                                                                                                                                                                  |  |
| UCC FILING & SEARCH SERVICES, INC.<br>526 EAST PARK AVE.<br>STE. 200<br>TALLAHASSEE FL 32302 |  | Name<br>CT Corporation System c/o CT Corporation System<br>Street Address (P.O. Box Number is Not Acceptable)<br>1200 South Pine Island Rd.<br>Suite, Apt. #, Etc.<br>City<br>Plantation<br>State<br>FL<br>Zip Code<br>33324 |  |

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

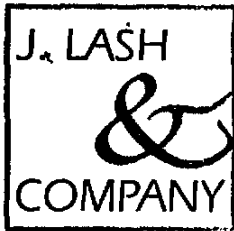
Gil S. Apellis, Asst. Secretary  
Date: 11-7-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: 11/5/97 (612) 893-0403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Insurance  
and  
Regulatory  
Consulting

40 Winterberry Lane  
Moreland Hills  
Ohio 44022

Facsimile:  
440.248.6617

Telephone:  
440.248.2117

November 11, 1997

Florida Department of State  
Sandra B. Mortham  
Secretary of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O.Box 6327  
Tallahassee, Florida 32314-6327

Re: RTW, Inc.

To Whom It May Concern:

Please be advised that RTW, Inc. did not receive any notifications or documents to complete in connection with the filing of its annual report. As such, we have been advised by your office to file this letter and request a waiver of the reinstatement fee. We were told to enclose a check for \$165.00. Please advise whether additional amounts are due.

Sincerely,

J. LASH & COMPANY

*Jodi G. Lash*  
Jodi G. Lash

JGL:bc

Enclosures