

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 APR 29 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002340

1. Corporation Name

Grazzini Brothers and Company

2. Principal Office Address

1175 Eagan Indust. Rd.

Suite, Apt. #, etc.

City & State

Eagan, MN

Zip

55121

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/08/1996

5. FEI Number

41-0286000

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

CT Corporation System

300017216193

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

1500 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Andrea Mittyng

Andrea Mittyng

Assistant Secretary

Date 4-24-03

REGISTERED AGENT MUST SIGN

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
DCP	Grazzini, Eugene F. Jr.	1175 Eagan Industrial Rd.	Eagan, MN 55121
DV	Glori, Guido C.	↓	↓
CFO	Byrne, James J.	↓	↓

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

(651) 452-2700

Daytime Phone #

CR2E081 (10/02)