

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000006167

1. Corporation Name

LIFETOUCH DEVELOPMENT INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 26 PM 2:28

Principal Place of Business

Mailing Address

11000 VIKING DR  
STE 480  
EDEN PRAIRIE MN 55344-245  
US

11000 VIKING DR  
STE 480  
EDEN PRAIRIE MN 55344-245  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/25/1996

5. FEI Number

41-1787131

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	HARMEL, PAUL	11000 VIKING DR STE 400	EDEN PRAIRIE MN 55344
CFO	PLADSON, RANDOLPH J	11000 VIKING DR STE 400	EDEN PRAIRIE MN 55344
V	HASSEL, RICHARD	7831 GLENROY ROAD, SUITE 335	MINNEAPOLIS MN 55439
VP	SEGALL, JOHN	11000 VIKING DR STE 480	EDEN PRAIRIE MN 55344
S	TREUCHEL, ROBERT H	8500 NORMANDALE LAKE BLVD., SUIT	BLOOMINGTON MN 55437

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name  
CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET  
Suite, Apt. #, Etc.

City  
TALLAHASSEE,

State  
FL

Zip Code  
32301

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

*BRIAN COURTNEY, ASST. V.P.*

Date

3/8/01

REGISTERED AGENT MUST SIGN

11. 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:

*JOHN SEGALL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01  
Date

952-826-5653  
Daytime Phone #

CR2E040 (8/00)