

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 24, 2008  
Secretary of State**

DOCUMENT# F98000000513

Entity Name: NORTHLAND GROUP, INC.

**Current Principal Place of Business:**

7831 GLENROY RD., #350  
EDINA, MN 55439

**New Principal Place of Business:**

**Current Mailing Address:**

7831 GLENROY RD., #350  
EDINA, MN 55439

**New Mailing Address:**

FEI Number: 41-1420282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEANNE NELSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVS ( ) Delete  
Name: BLACK, LANCE T  
Address: 6378 COUNTRY RD  
City-St-Zip: EDEN PRAIRIE, MN 55346

Title: T (X) Delete  
Name: JOHNSON, JOHN M  
Address: 9130 195TH ST E  
City-St-Zip: PRIOR LAKE, MN 55372

Title: VP (X) Delete  
Name: SWENSON, JODI  
Address: 2727 VIOLA CT.  
City-St-Zip: SHAKOPEE, MN 55379

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANCE T. BLACK

Electronic Signature of Signing Officer or Director

PVS

10/24/2008

Date