


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

03 DEC -4 PM 3:18

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000003758**

1. Corporation Name
HTW Investment Partners, Inc.

600025426156
12/11/03--01050--001 **900.00

2. Principal Office Address 527 Marquette Ave Suite, Apt. #, etc. Suite 1000 City & State Minneapolis, MN Zip 55402 Country USA		3. Mailing Office Address 527 Marquette Ave. Suite, Apt. #, etc. Suite 1000 City & State Minneapolis, MN Zip 55402 Country USA	
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REINSTATEMENT *02-D3*

4. Date Incorporated or Qualified To Do Business in Florida **7-01-98**

5. FEI Number **41-1773350** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Numbers Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City **Plantation** State **FL** Zip Code **33324**

8. I, being appointed the registered agent of the above named corporation, hereby accept the obligations of section 607.0505 or 817.0503, F.S.

Signature of Registered Agent *[Signature]* **Michele Miller**
Assistant Secretary Date **12/3/03**

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
P	John C. Trantz	527 Marquette Ave. Suite 1000	Minneapolis, MN 55402
VP	Daniel D. Wozniak Jr.	527 Marquette Ave. Suite 1000	Minneapolis, MN 55402
VP	Vincent J. Driessen	527 Marquette Ave. Suite 1000	Minneapolis, MN 55402

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 817, 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 807.0401 or 817.0401, 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(2)(j), 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]* **John C. Trantz** Date **12/03/03** Daytime Phone # **612-338-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR