PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
2009 FEB 2 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000002235

JM. 2-5

REINSTATEMENT 02-09

(CR2E001 (12/08))

1. Corporation Name

Sick, Inc.

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
6900 West 110th Street		6900 West 110th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Bloomington, MN		Bloomington, MN	
Zip	Country	Zip	Country
55438	USA	55438	USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number
41-0970193
☐ 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 c/o CT Corporation System

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

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Jeanne Nelson REGISTERED AGENT MUST SIGN
Jeanne Nelson
Assistant Secretary
Date 1/26/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Presid	Alberto Bertomeu	6900 West 110th Street	Bloomington, MN 55438
CFO	Robert Barniskis	6900 West 110th Street	Bloomington, MN 55438

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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 contained in Chapter 119, 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: Robert M. Barniskis, CFO 1-28-2009 952-829-4778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #