PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION _ FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

F9900003963 DOCUMENT #

1. Corporation Name

LAKELAND FOUNDATION, INC.

Principal Place of Business

Mailing Address

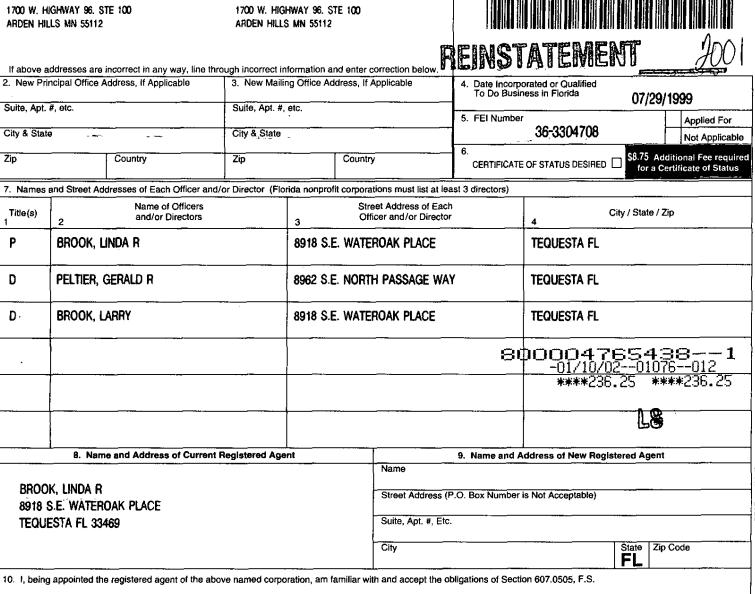
1700 W. HIGHWAY 96, STE 100 ARDEN HILLS MN 55112

Registered Agent

1700 W. HIGHWAY 96, STE 100 ARDEN HILLS MN 55112

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SECRETARY OF STATE TALEARASSEE FLORIDA



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 filling 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.

12.29.01