PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR -2 AM 9:58

DOCUMENT # F99000005521

1. Corporation Name

NEW HORIZON KIDS QUEST IV, INC.

Principal Place of Business	Mailing Address
16355 - 36TH AVE. NO. STE. 700 PLYMOUTH MN 55447	~~16355 - 36TH AVE. NO. STE. 700~~ ~~PLYMOUTH MN 55447~~

REINSTATEMENT 06-01

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.	701 4th Avenue South, Suite, Apt. #, etc. Suite 700
City & State	City & State Minneapolis, MN
Zip / Country	Zip / Country 55415 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/27/1999

5. FEI Number: 41-1825669 — 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
PD	DUNKLEY, SUSAN K	2709 WALTERS PORT LANE	EXCELSIOR MN 55331
CEOC D	DUNKLEY, WILLIAM M	2709 WALTERS PORT LANE	EXCELSIOR MN 55331
SCFO D	CRUZEN, PATRICK R	16355 - 36TH AVENUE NORTH, #700	PLYMOUTH MN 55447
~~D~~	~~BENNETT, JAY L~~	~~6218 BRAEBURN CIRCLE~~	~~EDINA MN 55435~~

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-03/09/01--01141--005
****200.00 ****900.00

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/00)

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: Sue Bodtmann SIGNATURE REQUIRED — Date: 2-23-01
REGISTERED AGENT MUST SIGN — Sue Bodtmann, asst. secretary

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: SIGNATURE REQUIRED — 2-8-01 — 612-288-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William M. Dunkley, CEO