## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

10. Names and Street Addresses of Managing Members/Managers  Titles Name of Managing Members/Managers  Theodore Deikel.  7587 Equitable Drive  Eden Prairie, MN 55344  REINSTATEMENT 2004  REINSTATEMENT 2004  11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reasyn for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability comp	- (	COMPANY - STATEMENT	Katheri Secreta	RTMENT OF STATE ine Harrish of State corporations	II DIVISI	RILED RETARY OF STATE ON OF CORPORATION		
2. Principal Office Address 1710 Middle Gulf Drive 7587 Equitable Drive 7588 Equitable Drive			0000N	ar.	011	DEC 18 AMIO		
Suite, Apt. #, etc.  Suite, Address (PO, Box Number is Not Acceptable)  17.10 Middle Gulf Drive  Suite, Apt. #, etc.  City Sanibel  Suite, Apt. #, etc.  City Sanibel  Suite, Apt. #, etc.  City Sanibel  REGISTERED AGENT MUST SIGN  Dute 12-10-01  REGISTERED AGENT MUST SIGN  Name of Managing Members Managers  Name of Sirent Address of Each Managing Members Managers  Name of Sirent Address of Each Managing Members Managers  Name of Sirent Address of Each Managing Members Managers  Name of Sirent Address of Each Managing Members Managers  Name of Sirent Address of Each Managing Members Managers  Name of Sirent Address of Each Managing Members Managers  Name of Sirent Address of Each Managing Members Managers  Name of Sirent Address of Each Managing Members Managers  Name of Sirent Address of Each Managing Members Managers  Name of Sirent Address of Each Managing Members Manager  Name of Sirent Address of Each Managing Members Manager  Name of Sirent Address of Each Managing Members Manager  Name of Sirent Address of Each Managing Members Manager  Name of Sirent Address of Each Managing Members Manager  Name of Sirent Address of Each Managing Members Manager  Name of Sirent Address of Each Managing Members Manager  Name of Sirent Members Manager  Name of Sirent Members Manager  Name	G	Group D, L.L.C.						
Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  Saribel, FL  Eden Prairie, MN  Eden Prairie, MN  Sure Address of Current Registered Agent  Byron Frank  Street Address (PQ. Box Number is Not Acceptable)  1710 Middle Gulf Drive  Suite, Apt #, Etc.  Cay  Sanibel  FL  Suite Agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, FS.  Signature of Registered Agent Managing Member/Managers  Titles  Managing Member/Managers  Titles  REINSTATEMENT 2004  REINSTATEMENT 2004  REINSTATEMENT 2004  REINSTATEMENT 2004  Theodore Deikel	2. Principal Office Address 3. Mailing Office Address				1			
City & State  Sanibel, FL  Eden Prairie, MN  6. FEI Number  Applied for Mot Applicable  To Do Business in Florids  1-28-00  6. FEI Number  41-1961543  Not Applicable  Registered Agent  Byron Frank  Street Address (Po. Box Number is Not Acceptable)  1710 Middle Gulf Drive  Surfe, Apt 4, Etc.  City Sanibel  9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Managing Members/Managers  Name of Members/Managers  Name of Managing Members/Managers  Name of Members/Managers  Name of Members/Managers  Name of Member	1710	Middle Gulf Drive	7587 Equitable Drive		4. State/Country of Formation			
City & State Sanibel, FL  Country  City & State Eden Prairie, MN  Country  City & State  Country  City & State Byron Frank Street Address (PO, Box Number is Not Acceptable)  FL  Such Act #, Etc.  City Sanibel  Sanibel  Street Address (PO, Box Number is Not Acceptable)  City Sanibel  FL  Sanibel  Street Address (PO, Box Number is Not Acceptable)  FL  Such Act #, Etc.  City Sanibel  REGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers  Titles  Managing Members/ Managers  More of Managing Members/ Managers  More Deikel  Theodore Deikel  Total in unstanding member/manager of the naceiver of trusten empowered to execute this application as provided for in chapter 608, E.S. I further certify that when filling this reinstatement application the reads its of disabolation has been eliminated. The immediated being company name satisfies the requirements of Section 608, E.S. I further certify that when filling this reinstatement application the reads its of disabolation has been eliminated. The immediated in minded liability company name satisfies the requirements of section 608, E.S. I further certify that when filling this reinstatement application the reads of the region fold filling shall have the same legal effect  Signature of Managing Member/Manager  Theodore Deikel  Theodore Deikel  Theodore Deikel	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					
Sanibel, FL Eden Prairie, MN 41-1961543 Applicable Country 41-1961						none in Eleride	28_00	
Sanibel, PL  Zo.  Zo.  Zo.  Zo.  Zo.  Zo.  Zo.  Zo	· ·	•			6. FEI Numb		<del></del>	
33957 USA 55344 USA CERTIFICATE OF STATUS DESIRED IX SEGO ACCORDING Section 10 (2014) Cardinated Report Status Desired Distribution (1974) Certificate of Status Desired Distribution (1974) Certificate Office of Status Desired Distribution (1974) Certificate Office Of		· · · · · · · · · · · · · · · · · · ·			/1 10/15/2			
Name   Byron Frank   Street Address (P.O. Box Number is Not Acceptable)   -12/20/10101044018			i '			OF STATUS DESIRED [X]	Confugeration (1953) (1	
Street Address (PO. Box Number is Not Acceptable) 1710 Middle Gulf Drive  ******155.00 ******155.00  Suite, Apt #, Etc.  City  Sanibel  The appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  Regi	Name   Byron Frank							
Sanibel  9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers  Name of Managing Members/Managers  Name of Managing Members/Managers  Titles Namaging Members/Managers  Name of Managing Members/Managers  Name of Managing Members/Managers  Theodore Deikel  7587 Equitable Drive  Eden Prairie, MN 55344  REINSTATEMENT ADOL  USR 50  REINSTATEMENT ADOL  USR 50  REINSTATEMENT ADOL  USR 50  Date Prairie, Mn 55344  Registered 40, F.S. I further cartify that when filling this reinstatement application the readyn to dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608 406, F.S. and that all fees owed by the limited liability company name satisf								
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers  Titles Name of Managing Members Managers  Theodore Deikel 7587 Equitable Drive Eden Prairie, MN 55344  REINSTATEMENT 800  REGISTERED AGENT MUST SIGN  REGISTERED AGENT MUST SIGN  Managing Member/Manager  11. Loarlift that I am managing member/manager and the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the result of dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S., and that as if made under oath.  REGISTERED AGENT MUST SIGN  REGISTERED AGEN						State Zip Code		
10. Names and Street Addresses of Managing Members/Managers    Name of   Name of   Managing Members/Managers   Name of   Managing Members/Manager   City / State / Zip		JL		=		<del></del>		
Titles Name of Managing Members/Managers  Street Address of Each Managing Members/Manager  Theodore Deikel.  7587 Equitable Drive  Eden Prairie, MN 55344  REINSTATEMENT 3004  REINSTATEMENT 3004  11. Lertify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reasyn to dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the timited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  Theodore Deike I	Signature o	of Agent 34			d accept the obliga		140	
Mrs Theodore Deikel. 7587 Equitable Drive Eden Prairie, MN 55344  REINSTATEMENT 3004  REINSTATEMENT 3004  11. Lertify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reads of of dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of se	<b>10.</b> Name	es and Street Addresses of Managing Me	mbers/Managers					
REINSTATEMENT 300/  11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when fliing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date  Date  Date  Daytime Phone # 983-975-4813  Theodore, Deike I	Titles		ers			City / State / Zip		
REINSTATEMENT GOOL  15.5.  In the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date  15.5.  Date  15.5.  Daytime Phone #  15.7.  Daytime Phone #  15.7.  Daytime Phone #  15.7.  Daytime Phone #  15.7.  Theodore Deikel	Mr.	Theodore Deikel	7587	7587 Equitable Drive		Eden Prairie, MN 55344		
REINSTATEMENT GOOL  15.5.  In the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date  15.5.  Date  15.5.  Daytime Phone #  15.7.  Daytime Phone #  15.7.  Daytime Phone #  15.7.  Daytime Phone #  15.7.  Theodore Deikel						Rein 10	00	
REINSTATEMENT 3004  11. I certify that I am managing member/markinger of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date  Date  Date  Daytime Phone #  Daytime						UBR 5	0	
11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608 406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date 1/34/01 Daytime Phone # 953-975-4813  Theodore Deikel		h-fillows:				<u>us                                    </u>	5	
Signature of Managing Member/Manager Date	•	REINSTA	IEMENT S	200/		15	s. up	
Theodore Deikel	a5 II III	lade under oatri.	the receiver or trustee er dissolution has been elimi e been paid. The informatio		/ /			
Typed or printed name of signing Managing Member/Manager	Signature of Managing M		Theodox		1/39/01	aytime Phone # 186	7.978-4813	
	Typed or pri	inted name of signing Managing Member	Manager	- Delkel				