

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 18 AM 10:18

DOCUMENT # **L00000000191**

1. Limited Liability Company's Name

Group D, L.L.C.

2. Principal Office Address

1710 Middle Gulf Drive

Suite, Apt. #, etc.

City & State

Sanibel, FL

Zip

33957

Country

USA

3. Mailing Office Address

7587 Equitable Drive

Suite, Apt. #, etc.

City & State

Eden Prairie, MN

Zip

55344

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

1-28-00

6. FEI Number

41-1961543

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Byron Frank

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

1710 Middle Gulf Drive

Suite, Apt. #, Etc.

City

Sanibel

State

FL

Zip Code

33957

200004734292-6

-12/20/01--01044--018

****155.00 ****155.00

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

BS

Date 12-10-01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
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Mr. <i>g</i>	Theodore Deikel	7587 Equitable Drive	Eden Prairie, MN 55344
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Rein 100

UBR 50

CUS 5

155.

REINSTATEMENT 200L

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

11/20/01

Daytime Phone #

952-975-4813

Typed or printed name of signing Managing Member/Manager

Theodore Deikel

CR2041 (9/01)