FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000014004

1. Limited Liability Company's Name
Agenzia, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
4932 Fremont Avenue South		4932 Fremont Avenue South	
Suite, Apt. #, etc. n/a		Suite, Apt. #, etc. n/a	
City & State Minneapolis, Minnesota		City & State Minneapolis, Minnesota	
Zip 55419	Country USA	Zip 55419	Country USA

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business in Florida: 08/21/01
6. FEI Number: 59-3738926 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 [illegible]

8. Name and Address of Current Registered Agent

Name: CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City: Plantation	State: FL	Zip Code: 33324

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: *Connie Bryan Special Asst. Secty* REGISTERED AGENT MUST SIGN Date: 12/29/04

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
MGRM	Naegele, Robert O., Jr.	7993 Via Veneto	Naples, FL 34108
MGRM	Ryan, Joseph	6410 Rojina Way	Chanhassen, MN 55317
MGRM	Berrigan, Kevin	11541 Ironwood Avenue North	Stillwater, MN 55082
MGRM	Milan, Patrick	6608 Paiute Drive	Edina, MN 55439
MGR	Catherine A. Lawrence	4932 Fremont Avenue South	Minneapolis, MN 55419

11. I certify that I am managing member/manager or 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: *Catherine Lawrence* Date: 12/29/04 Daytime Phone#: 612-[illegible]-7884

Typed or printed name of signing Managing Member/Manager: Catherine A. Lawrence

REINSTATEMENT 04

Florida Department of State

Division of Corporations

Public Access System

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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT

AGENZIA, L.L.C.

Certificate of Status	1
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