

The seal of the State of Florida is a circular emblem. It features a central scene with a palm tree, a sun, and a body of water. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is inscribed around the bottom inner edge.

FLORIDA DEPARTMENT OF STATE
201000
 Secretary of State
 DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
J. Milton
Secretary of State
DIVISION OF CORPORATIONS

L01000015516

FILED

02 OCT 28 PM 2:29
SECRET

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Mailing Address

0008693 01 FP 0.352 **PRSRT H7 0 0615 33139-846021



C & J RIEDL LLC
921 JEFFERSON AVE. #2A
MIAMI BEACH FL 33139-8460



10/4/02

2. New Mailing Address City, State, Zip _____		4. State/Country of Formation FL																									
Principal Place of Business 921 JEFFERSON AVE. #2A MIAMI BEACH FL 33139		5. Date Organized or Qualified To Do Business in Florida 09/06/2001																									
3. New Principal Place of Business Address City, State, Zip _____		6. FEI Number 65-1137719																									
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable																									
8. Name and Address of Current Registered Agent RIEDL, JOHN CHARLES 921 JEFFERSON AVE. #2A MIAMI BEACH FL 33139		9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																									
10. 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 Date <u>10/23/02</u>																											
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 40%;">Street Address of Each Managing Member/Manager</th> <th style="width: 20%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>manager</td> <td>Cecelia Riedl</td> <td>11574 Birchcrest Drive NE</td> <td>Brainerd, MN, 56401</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	manager	Cecelia Riedl	11574 Birchcrest Drive NE	Brainerd, MN, 56401																
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REINSTATEMENT

2002

300008606243
 10/28/02--01043--002 **150.00

CB2E084 (8/02)

REINSTATEMENT 2002

300008606243
10/28/02--01043--002 米150.00

BR

12. 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

Date 10/23/02

Daytime Phone # 505-502-7948

Typed or printed name of signing Managing Member/Manager

John C. Ried