

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

L02000000198

02 DEC 12 AM 9:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

800009495478

12/12/02--01127--004 **150.00

MJH

1. DOCUMENT # L02000000198

Name and Mailing Address

0011013 01 FP 0,352 **PRSR H3 0 0615 33931-233639



BOARDWALK CAPER 139 LLC
18046 SAN CARLOS BOULEVARD, #139
FORT MYERS FL 33931-2336



12/12 2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 18046 SAN CARLOS BOULEVARD FORT MYERS FL 33931-2336		5. Date Organized or Qualified To Do Business in Florida 12/31/2001	
3. New Principal Place of Business Address #139 City, State, Zip		6. FEI Number #14-1859987 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent SWANSON, THOMAS W 18046 SAN CARLOS BOULEVARD, #139 FORT MYERS FL 33931-2336		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Thomas W Swanson Date 12/10/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SWANSON, THOMAS W	17 EVERGREEN LANE	ST. PAUL MN 55127
MGRM	KRAUSE, MICHAEL P	103 CIMARRON CIRCLE	APPLE VALLEY MN 55124

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 Thomas W Swanson Date 12/10/02 Daytime Phone # 651-636-6367

Typed or printed name of signing Managing Member/Manager THOMAS W SWANSON ext 110