

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000033855

Name and Mailing Address

0016426 01 MB 0.309 \*\*AUTO TO 0 0615 55108-173799



NBC BUILDING TWO, LLC  
2265 COMO AVENUE NORTH  
ST. PAUL MN 55108-1737



2. New Mailing Address <b>909 Tenth Street South, # 101</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>Naples, FL 34102</b>		5. Date Organized or Qualified To Do Business in Florida <b>12/17/2002</b>	
Principal Place of Business <b>2265 COMO AVENUE NORTH ST. PAUL MN 55108</b>	3. New Principal Place of Business Address  City, State, Zip		6. FEI Number <b>01-0761721</b>
8. Name and Address of Current Registered Agent <b>VOGEL, JAMES D C/O VOGEL LAW OFFICE, P.A. 3936 TAMiami TRAIL NORTH, SUITE B NAPLES FL 34103</b>		9. Name and Address of New Registered Agent Name <b>200024335872</b> Street Address (P.O. Box Number is Not Acceptable) <b>10/31/03-01076-001 **150.00</b> <b>10/31/03-01076-001 **150.00</b> City <b>FL</b> 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 <b>[Signature]</b> <b>REGISTERED AGENT MUST SIGN</b> Date <b>10/30/03</b>			
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	COMERS, DANIEL C	2265 COMO AVENUE NORTH	ST. PAUL MN 55108
MGRM	REILING, WILLIAM S	2265 COMO AVENUE NORTH	ST. PAUL MN 55108
<b>REINSTATEMENT</b> <b>03</b> <b>dec</b>			

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

**[Signature]** **REGISTERED AGENT MUST SIGN**

Date **10/30/03**

Daytime Phone # **239-262-2211**

Typed or printed name of signing Managing Member/Manager