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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : NRAI CORPORATE SERVICES, INC.
Account Number : I20080000023
Phone : (651)225-9500
Fax Number : (651)225-9579

FILED
10 JUN 14 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
DARROCK PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$655.00

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S. HAWKES
JUN 15 2010
EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT #

1. *Limited Liability Company's Name*
DARROCK PROPERTIES, LLC

2. Principal Office Address - No P.O. Box#	3. Mailing Office Address
3481 Laurel Drive	3481 Laurel Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bemidji, Minnesota	City & State: Bemidji, Minnesota
Zip: 56601 County: USA	Zip: 56601 Country: USA

4. *State/Country of Formation*: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 02/18/2009

6. FEI Number: 20-4939723 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: NRAI Services, Inc. Date: 6/14/2010

REGISTERED AGENT MUST SIGN Chelsea Bialowas, Assistant Secretary

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Chief Mgr. Member	Darwin Niebolt	3481 Laurel Drive	Bemidji, MN 56601

REINSTATEMENT
2007 - 10

S. HAWKES
JUN 15 2010
EXAMINER

11. E-mail Address: _____ (To be used for future annual report notifications)

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: Darwin Niebolt Date: 6-7-10 Daytime Phone #: 218-444-8661

Typed or printed name of signing Managing Member/Manager: Darwin Wiebolt