	•	PLEASI	E READ A	ALL INST	RUCTION	ONS	S BEFORE C	OMPLET	NG THIS FORM.	
COMPANY Se						DEPARTMENT OF STATE SECRETARY OF State SION OF CORPORATIONS			Og JUN -2 PM 12:)
DOCUMENT # L05000027598 1. Limited Liability Company's Name Moore Gulf Properties, LLC								1247	CAHASSEE TORIGE	<i>50</i>
2. Principal Office Address - No P.O. Box # 3. Mailing O 4925 Yum				office Address na Lane North			CR2E041 (10/08) 4. State/Country of Formation			
Suite, Apt. #, etc. Suite, Apt. #,				etc.			Florida			
City & State				City & State				5. Date Organized or Qualified To Do Business in Florida 3/13/2005		
-	Ft. Myers, FL			Plymouth, MN				6. FEI Number 20-4186601		Applied For Not Applicable
Zip 33901	Country USA		zip 55446		Coun	•	CERTIFICATE OF STATUS DESIRED		dditional Fee required Certificate of Status	
		8. Name a	nd Address of	Current Regis	tered Agent			<u> </u>		
Name Michelle N. Koch								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.		
Street Address (P.O. Box Number is Not Acceptable) 2104 West First Street										
Suite, Apt. #, Etc.										
City Ft. Myers					State Zip Code FL 33901					
9. I, being appointed the legistered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Michelle N. Koch Date 5-17-09 REGISTERED AGENT MUST SIGN										
10. Name	as and Street			bers/Managers	<u> </u>					
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager				City / State / Zip		
MGRM	Michelle N. Koch			2104 West First Street				Ft. Myers, FL 33901		
MGRM	Marcy J. Clark			16210 49th Place North				Plymouth, MN 55446		
								£C	<u> </u>	<u></u>
	RE	INS	TAT	EME	NT		S. HAWK	ES ^{06/037}	901006016 *	*421.25
	0	200	7 — ()9			JUN 3 -			
						FXAMINER				
11. I certify that I am managing member/manager or the deceiver 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 teen 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 5-17-09 Daytime Phone # 763 · 383 · 8900										
Typed or pr	inted name of	signing Man	\ aging Member/(Manager Mic	chelle N. I	Koch	1			



May 26, 2009

3300 Edinborough Way, Suite 601 Minneapolis, Minnesota 55435 Phone: (952) 835-3939 Fax: (952) 835-5959

James M. Lehman, Esq., Of Counsel Thomsen & Nybeck, P.A., Of Counsel

> Daniel S. McGrath Direct: (952) 835-1503 dan@steingart.com

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32315

RE: Moore Gulf Properties, LLC

Greetings:

Enclosed for filing please find the Limited Liability Company Reinstatement of Moore Gulf Properties, LLC. Please provide a Certificate of Status for Moore Gulf Properties, LLC. I am enclosing a check covering the following:

2007 fee	\$138.75
2008 fee	\$138.75
2009 fee	\$138.75
Status Certificate	\$ 5.00
Check Total	\$421.25

Also enclosed is a self-addressed envelope for return of the filed documents.

If you have any questions or concerns, please call me. Thank you.

Sincerely,

Daniel S. McGrath Attorney at Law

DSM:cjh Enc.

cc: Client