L05000114154

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 20 PM 2:51

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000114154

1. Limited Liability Company's Name

Metro Riverwatch, LLC

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000207950430
05/20/11--01028--026 **546.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
400 Ocean Trail Way	45 South Seventh Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1210	Suite 3300
City & State	City & State
Jupiter, FL	Minneapolis, MN
Zip / Country	Zip / Country
33477 / USA	55402 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11-29-05

6. FEI Number: 208326440 ☐ 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: National Corporate Research, Ltd., Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

E-mail Address:

BK

(To be used for future annual report notices)

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 Rose Marie Cole Date 5-20-11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Frank E. Vennes, Jr., Managing Member	2200 Wells Fargo Center, 90 South Seventh Street	Minneapolis, MN 55402-3901
		REINSTATEMENT 2009-2011	

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Ranelle Leier Date 5/20/11 Daytime Phone # 612-607-7247

Typed or printed name of signing Managing Member/Manager: Ranelle Leier, Attorney-In-Fact for Receiver

BK