

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


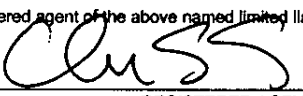
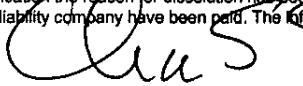
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000119877			
1. Limited Liability Company's Name AMERIPRISE LAND GROUP, LLC			
2. Principal Office Address - No P.O. Box # 426 SW Commerce Dr.		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite 130		Suite, Apt. #, etc. Same	
City & State Lake City, FL		City & State Same	
Zip 32025	Country Columbia	Zip Same	Country Same
4. State/Country of Formation Columbia County, Florida		5. Date Organized or Qualified To Do Business in Florida 12/13/2005	
6. FEI Number 542191232		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			
Name Charles S. Sparks			
Street Address (P.O. Box Number is Not Acceptable) 426 SW Commerce Drive			
Suite, Apt. #, Etc. Suite 130			
City Lake City		State FL	Zip Code 32025
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  Date 4-15-10 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
MGRM	Charles S. Sparks	426 SW Commerce Dr. Suite 130	Lake City, FL 32025
REINSTATEMENT 09-10 AL			
11. E-mail Address: charlie@charliesparks.com			
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  Date 4-15-10 Daytime Phone # 386-755-0808 Typed or printed name of signing Managing Member/Manager Charles S. Sparks			