PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Sporting of State		FILED 08 JUN 12 PM 1: 32			
DOCUMENT# LOGODO21530 1. Corporation Name GUNFLINT PARTNERS, L. L. C.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address						
592 DEER RIDGE LANE S. 592 DEER Suite, Apt. #, etc.		DOE LANE S.	CR2E081 (12/07)			
Suite, Apr. #, etc.			orated or Qualified	India1		
City & State City & State				2	124/2006 Applied For	
MAPLEWOOD, MN	MAPLEWOOD	, MN	5. FEI Number Applied For Not Applicable			
SS119 RAMSEY	Zip 55119	Country RAMSE Y	6. CERTIFICATE		75 Additional Fee required or a Certificate of Status	
	f Current Registered Agen	t				
Name THOMAS P. KANE Street Address (P.O. Box Number is Not Acceptable) 3215 GULF SHORE BLVD. No. Suite, Apt. #, Etc. 507 City NAPLES A State Zip Code FL 34103			The 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 reinstatement fee be waived.			
8. I, being appointed the registered agent of the above farmed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.						
Signature of Registered Agent REGISTERED AGENT MUST SIGN				Date 211430208		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / Sta	te / Zip	
P THOMAS P. KANE 592 D		DEER RIDGE	LANES.	MAPLEWOOD	MN 55119	
V/T JOSHUA D. KANE 13316 COMMONWEA			TH DRIVE	BURNSVILLE	., MW55337	
				800131099728 06/10/0801021004 **300.00		
REINSTATEMENT 2007, 2008						
				B 44		
10. I certify that I am an officer of director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application. He reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been part and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: WAY TO DEVELOP TO BY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Signature Phone #						