

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 JUL -9 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LOG000055081

1. Limited Liability Company's Name

Minnesota-Florida Land  
Partners, LLC

100183140041  
07/09/10--01041--004 \*\*\$55.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

951 N. Topping Ave  
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 4904  
Suite, Apt. #, etc.

City & State

Kansas City, MO

City & State

Kansas City, MO

Zip

64120

Country

USA

Zip

64120

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

5/26/2000

6. FEI Number

20-4937034

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

Richard E. Erdmann

Street Address (P.O. Box Number is Not Acceptable)

1505 Kenmore St.

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33952

☐ 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

[Signature]

Date 07/07/2010

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
Mgm	Mark Eliot	1511 Hermitage Lane	Cape Coral FL 33914

REINSTATEMENT 07-10

11. E-mail Address: Jessica@wvindustries LLC.com

(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

[Signature]

Date 6/17/2010

Daytime Phone # 651-338-6621

Typed or printed name of signing Managing Member/Manager