


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 NOV -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L9800002427

1. Limited Liability Company's Name
Chestnut-Himes Realty, L.L.C.

2. Principal Office Address 3616 West Chestnut St.		3. Mailing Office Address Same	
City & State Tampa, Florida		City & State Same	
Zip 33602	Country USA	Zip Same	Country Same

REINSTATEMENT 2001

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 10-26-98	
6. FEI Number 59-3538966	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

B. Name and Address of Current Registered Agent

Name
Allan C. Watkins, Esquire

Street Address (P.O. Box Number is Not Acceptable)
707 North Franklin Street, Suite 750

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33602

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 *Allan C. Watkins* Date 10-25-01

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	Bialick, Lowell P.	2600 Crescent Road	Minnetonka, MN 55343
MEM	McKinney, James C.	7508 Edgewood Avenue	Brooklyn Park, MN 55442
MEM	Rubin, Chad S.	380 Carlson Parkway	Minnetonka, MN 55422
MEM	Braufman, Larry	3140 Sycamore Lane North	Plymouth, MN 55441
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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 608.408, 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 *James P. Bialick* Date 10/26/01 Daytime Phone # 612-325-6339

CR22841 (8/00)