

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

02 APR 17 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

MO00000002716

1. Limited Liability Company's Name

Motiv Action, L.L.C.

200005365882--7

-04/29/02--01019--022

*****200.00 *****200.00

2. Principal Office Address

16355 36th Ave N

Suite, Apt. #, etc.

Ste 100

City & State

Minneapolis, MN

Zip

55446

Country

USA

3. Mailing Office Address

16355 36th Ave N

Suite, Apt. #, etc.

Ste 100

City & State

Minneapolis, MN

Zip

55446

Country

USA

4. State/Country of Formation

Minnesota / USA

5. Date Organized or Qualified

To Do Business in Florida -01-01-2002-

6. FEI Number

41-1950744

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation, FL

State

FL

Zip Code

33324

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

Thomas R. Bedner

Thomas R. Bedner, Asst. Secy. REGISTERED AGENT MUST SIGN

Date

3/28/02

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

Please see att sheet.

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.

Signature of

Managing Member/Manager

Marlyn Sjaarda

Date

3/25/02

Daytime Phone #

763-525-5200

Typed or printed name of signing Managing Member/Manager

Marlyn Sjaarda

CR2E041 (9/01)

292

MotivAction, LLC
Partners & Officers

Name	Title	Social Security # / Driver's License #	Address	Phone #
William Bryson	CEO & President	518-50-2969 B-625-887-162-645	3082 Willow Drive Medina, MN 55340	763-525-5200

Jeff Beegle	Chief Marketing Officer	469-62-2612 B-240-390-098-701	17761 Cascade Dr. Eden Prairie, MN 55347	763-525-5200
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Marlyn Sjaarda	Chief Financial Officer	484-66-5541 S-630-585-098-072	11720 38th Ave. No. Plymouth, MN 55441	763-525-5200
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