## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # M01000000611

Name and Mailing Address

0008057 01 FP 0.352 \*\*\*PRSRT T5 0 0615 55402-243500 lilialidad lil

FILED

02 DEC -3 AMUL: 30 SECRETARY OF STATE 92002 TABLE AHASSEE, FLORIDA 600009306896 12/03/02-01011-003 \*\*150.00



Z. New Mailing Address					4- State/Country of Formation  MN		
City, State, Zip				5. Date Gryaniz	5. Date Gryanized or Qualified To Do Business in Florida 03/20/2001		
Principal Pl	ace of Business	3. New Principal Place of Bu	incipal Place of Business Address 6.			Applied For	
333	SOUTH 7TH STREET, SUITE				41-1992958		
MINNEAPOLIS MN 55402 City, SI		City, State, Zip	, State, Zip		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee region for a Certificate of Sta		
	8. Name and Address of Current	Registered Agent	The second secon	9. Name and Ad	ddress of New Registered Agent		
120	CORPORATION SYSTEM 0 SOUTH PINE ISLAND ROAD NTATION FL 33324		Street Address (P.O. Box Number is Not Acceptable)  City Zip Code				
Signature o Registered	AgentFI	STERED AGENT MUST SIGN	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	and accept the obligatimes A. Bord ssistant Sec	onaro, Jazz	>	
III. Names	and Street Addresses of Each Managing	Member/Manager			<del></del>		
Title(s)	Name of Managing Members/Managers	М	Street Address of Ea lanaging Member/Mar		City / State / Zip		
PCEO	RASMUSSEN, DAVID	333 \$001	TH 7TH STREET, SUI	TE 2400	MINNEAPOLIS MN 55402		
٧	LEIGH, MICHAEL	333 8901	333 SOUTH 7TH STREET, SUITE 2400		MINNEAPOLIS NN 55402		
CFO	LUCK, FRED		333 SOUTH 7TH STREET, SUITE 2400		MINNEAPOLIS MN 55402		
VS	MILLER, F. CLAYTON	333 8001	333 SOUTH 7TH STREET, SUITE 2400		MINNEAPOLIS NN 55402		
AS	MURPHY, TIMOTHY S	4200 IDS	4200 IDS CENTER, 80 SOUTH 8TH STREET		MINNEAPOLIS MN 55402		
;						30	
all fees as if ma Signature of	that I am managing member/manager os reinstatement application the reason for owed by the limited liability company have ade under oath.  ember/Manager	e been paid. The information indic	the limited liability con cated on this application	npany name satisties t on is true and accurate		608.406, F.S., and that ve the same legal effect	
	7		Date	Day	uine Frione #	<u> </u>	