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PLEASE READ ALL INSTRUCTIONS [illegible]ORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMEN[illegible] STATE
Glenda E. H[illegible]
Secretary of S[illegible]
DIVISION OF CORPORATIONS

FILED
2004 JAN -6 PM 12:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000802

Name and Mailing Address

000017746 01 FP 0.352 **PRSRT H5 1 0615 55305

500024391445
01/06/04--01007--009 **50.00

220 KING STREET, LLC
~~901 CARLSON PARKWAY, SUITE 950~~
~~MINNETONKA MN 55305~~
800 La Salle Ave - Ste 2280
Minneapolis MN 55402

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
MN

5. Date Organized or Qualified To Do Business in Florida
03/28/2002

Principal Place of Business
~~901 CARLSON PARKWAY, SUITE 950~~
~~MINNETONKA MN 55305~~
800 La Salle Ave - Ste 2280
Minneapolis, MN 55402

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
NA 357-3C-7841
APPLIED FOR
☐ 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

KNAPPENBERGER, JULIE L
600 BEACHVIEW DRIVE, UNIT 3 SOUTH
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

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

500024391445
11/03/03--01036--022 **100.00

City 01/13/03 90577 FL Zip Code 32447 $50.00

10. 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 Julie Knappenberger Date 11/20/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KNAPPENBERGER, GAIL	~~901 CARLSON PARKWAY, SUITE 950~~ 800 La Salle Ave - Ste 2280	~~MINNETONKA MN 55305~~ Minneapolis, MN 55402

REINSTATEMENT 2003-04

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 Gail Knappenberger Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

631848