


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 17 AM 9:04

DOCUMENT # M02000000971 1. Entity Name MN AIRLINES, LLC					
Principal Place of Business 1300 MENDOTA HEIGHTS ROAD MENDOTA HEIGHTS, MN 55120			Mailing Address 1300 MENDOTA HEIGHTS ROAD MENDOTA HEIGHTS, MN 55120		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10052006 REIN-LLC CR2E101 (11/05)	
Zip		Country		4. FEI Number 35-2159124	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALY, ROBERT 13010 MERIDOTA HEIGHTS RD MENDOTA HEIGHTS, MN 55120		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200080927872 10/17/06--01049--004 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALMEN, T J 13010 MERIDOTA HEIGHTS RD MENDOLA, MN 55120		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUGENT, SHAUN 13010 MERIDOTA HEIGHTS RD MENDOLA HEIGHTS, MN 55120		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Mendota Heights Rd Mendota Heights, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV FREDERICKSEN, JOHN 13010 MERIDOTA HEIGHTS RD MENDOLA HEIGHTS, MN 55120		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1300 Mendota Heights Rd Mendota Heights, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>John S. Fredericksen</u> Manager 10/5/06 651-6813948					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					