

MO3000002940

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000247994 3)))



H070002479943ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RECEIVED

07 OCT -5 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

FREEDOMROADS PROPERTY COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$250.00

07 OCT -5 AM 10:18

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 OCT -5 AH10:18

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # MO3000002940					
1. Limited Liability Company's Name FreedomRoads Property Company, LLC					
2. Physical Office Address - No P.O. Box 250 Parkway Drive		3. Mailing Office Address same			
Suite, Apt. #, etc. Suite 320		Suite, Apt. #, etc. 			
City & State Lincolnshire, IL		City & State 			
Zip 60069	Country 	Zip 	Country 		
4. State/Country of Formation Minnesota					
5. Date Organized or Qualified To Do Business in Florida 09/05/03					
6. EIN Number 87-0689008		Applied For <input type="checkbox"/> Not Applicable			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number if Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, etc. 		<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
City Plantation				State FL	
Zip Code 33324					
9. I, being appointed the registered agent of the above named limited liability company, hereby certify and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u><i>Carrie Bay</i></u> SPECIAL ASSISTANT SECRETARY Date <u>9/5/07</u> REGISTERED AGENT MUST SIGN					
10. Name and Street Address of Managing Member/Managers					
TEN	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
Mgr	Marcus A. Lemonis	250 Parkway Drive, Suite 320	Lincolnshire, IL 60069		
Mgr	Roger L. Nuttall	same			
Mgr	Brent Moody	same			
Mgr	Karin L. Bell	same			
Mgr	Robert T. York	90 S. 7th Street, Suite 5500	Minneapolis, MN 55402		
11. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.402, 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 <u><i>Robert T. York</i></u>		Date <u>10/04/07</u>	Daytime Phone # <u>612.375.1138</u>		
Typed or printed name of signing Managing Member/Manager Robert T. York, Manager					