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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 DEC 29 PM 5:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M04000003144

2010

1. Limited Liability Company's Name

Advantage Holdings MN, LLC

MK

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2525 S. Brentwood Boulevard	2525 S. Brentwood Boulevard
Suite Apt. # etc.	Suite Apt. # etc.
Suite 103	Suite 103
City & State	City & State
St. Louis, MO	St. Louis, MO
Zip / Country	Zip / Country
63144 / USA	63144 / USA

4. State/Country of Formation: Missouri

5. Date Organized or Qualified To Do Business in Florida: 08/06/2004

6. FEI Number: 43-1838905 ☐ 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: NRAI Services, Inc.

MK

Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 62301

E-mail Address:

(To be used for future annual report notices)

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 12/28/2011

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Marc J. Goldfarb	2525 S. Brentwood Blvd., Suite 103	St. Louis, MO 63144
MGR	Lawrence G. Goldfarb	2525 S. Brentwood Blvd., Suite 103	St. Louis, MO 63144

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REINSTATEMENT 2010-2011

11. I certify that I am 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 605.0108, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [signature] MGR Date: 12/28/11 Daytime Phone #: 314-962-5947 (15 Y6)

Typed or printed name of Managing Member/Manager: Lawrence G. Goldfarb