

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2018 MAY -8 AM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDALIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M15000008182

1. Limited Liability Company's Name

St. Cloud Leased Housing Development II, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
2905 Northwest BlvdSuite, Apt. #, etc.  
Ste 150City & State  
Plymouth, MNZip Country  
55441 USA3. Mailing Office Address  
2905 Northwest BlvdSuite, Apt. #, etc.  
Ste 150City & State  
Plymouth, MNZip Country  
55441 USA4. State/Country of Formation  
Minnesota5. Date Organized or Qualified  
To Do Business in Florida  
10/13/20156. FEI Number  
81-0791241Applied For  
Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

## 8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
PlantationState Zip Code  
FL 33324

300313175863

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

Mike Jones, Assistant Secretary

Date 5/7/2018

REGISTERED AGENT MUST SIGN

## 10. Names and Street Addresses of Authorized Representatives/Managers

| Titles  | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip |
|---------|--|---|--------------------|
| SVP     | Mark S Moorhouse                                   | 2905 Northwest Blvd   | Plymouth, MN 55441 |
| Co-Pres | Armand E Brachman                                  | 2905 Northwest Blvd   | Plymouth, MN 55441 |
| Co-Pres | Paul R Sween                                       | 2905 Northwest Blvd   | Plymouth, MN 55441 |
| VP      | Christopher P Barnes                               | 2905 Northwest Blvd   | Plymouth, MN 55441 |
|         |  |   |                    |
|         |  |   |                    |

11. E-mail Address: dan.bolles@dominiuminc.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 5/4/2018

Daytime Phone # 763-354-5500

Typed or printed name of signing Authorized Representative/Manager Mark S Moorhouse

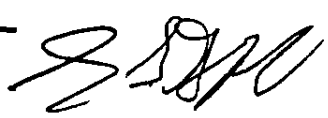
2 of 2 pages

# CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

**Date:** 05/08/2018

Acc#120160000072



|             |   |
|-------------|---|
| Name:       | St. Cloud Leased Housing Development II, LLC (MN) |
| Document #: |   |
| Order #:    | 10960630  |

|                                   |                          |  |                         |  |
|-----------------------------------|--------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |  |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |  |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |  |                         |  |
|                                   | <input type="checkbox"/> |  |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> |  | Country of Destination: |  |
|                                   |                          |  | Number of Certs:        |  |

|         |            |
|---------|------------|
| Filing: | Certified: |
|         | Plain:     |
|         | COGS:      |

|               |       |
|---------------|-------|
| Availability  | _____ |
| Document      | _____ |
| Examiner      | _____ |
| Updater       | _____ |
| Verifier      | _____ |
| W.P. Verifier | _____ |
| Ref#          | _____ |

Amount: \$ 546.25

2018 MAY -8 AM 9:57

Thank you!