PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations							FILED 05 OCT 12 PM 2:59						
DOCUMENT # N0400007167								SECKLIA SEE, FLORIDA					
Gerald and Henrietta Rauenhorst Foundation, Inc.													
i.										•		_	
2. Principal Office Address 3. Mailing O 1167 3rd Street 1167 3r						rffice Address rd Street			CR2E081 (8/05) 1 2 Luni				
Suite, Apt. #, etc. Suite, Apt. #,					etc.			1. Millions Car.					
Suite 102 Suite 1 City & State City & State					02			4. Date Incorporated or Qualified To Do Business in Florida 7/21/2004					
Naples I				Naples			5. FEI Number Applied For Not						
FL.		Country		Zip FL		Country					Additional r a Certificate		
7. Name and Address of Current Registered Agent													
	Corporation Service Company												
	Street Address (P.O. Box Aumber is Not Acceptable)							600060533386					
	Suite, Apt. #, Etc.												
	Talla	has	see						State FL	<i>3</i> 2301-25	525		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent													
9. Names	and Street A	ddresses	of Each Officer an	d/or Director (Flo	rida nonpro	<u>.</u>							
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip					
D	Gerald Rauenhorst			· ·	1167 3rd St. S., Ste			e 102	02 Naples, FL 34102				
D	Mark Rauenhorst				1167 3rd St. S., Ste 102			te 102	Naples, FL 34102				
D	Amy Rauenhorst				1167 3rd St. S., Ste 102				Naples, FL 34102				
D	Joseph Rauenhorst				1167 3rd St. S., Ste 102				Naples, FL 34102				
D	Peter Karoff				1167 3rd St. S., Ste 102				Naples, FL 34102				
S	Luz Campa				10350 Bren Rd. W.				Minnetonka, MN 55343				
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #													



ACCOUNT NO. : 072100000032

REFERENCE: 644501 7165873

AUTHORIZATION :

COST LIMIT :

ORDER DATE: October 11, 2005

ORDER TIME : 9:31 AM

ORDER NO. : 644501-005

CUSTOMER NO: 7165873

DOMESTIC FILINGS

NAME: GERALD AND HENRIETTA

RAUENHORST FOUNDATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS _____

DIAISION OL COMBORVION