

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 DEC 31 AM 10:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000073396

1. Corporation Name
 340 QUADRANGLE, INC.

Principal Place of Business Mailing Address
 17781 SE FEDERAL HIGHWAY 17781 SE FEDERAL HIGHWAY
 TEQUESTA FL 33469 TEQUESTA FL 33469



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/25/2001	
City & State		City & State		5. FCI Number APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	Richard J. Agar	13700 Watertower Circle Suite D Plymouth	Plymouth MN 55441
Dir	Michael J Ryan	17781 SE Fed Hwy Tequesta FL 33469	Tequesta FL 33469

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RYAN, MICHAEL J 17781 SE FEDERAL HIGHWAY TEQUESTA FL 33469		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: Dec 13 2002

11. 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 filing 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Dec 13 2002 Daytime Phone #

CPRE040 (9/02)