


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p style="font-size: 2em; font-weight: bold; text-align: center;">FILED</p> <p style="text-align: center;">99 NOV -1 PM 1:36</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																					
<p>DOCUMENT # P31554</p> <p>1. Corporation Name RITRAMA DURAMARK, INC.</p>		<p style="font-size: 2em; font-weight: bold;">REINSTATEMENT 08-99</p>																					
<p>Principal Place of Business 800 Kasota Avenue, S.E. Minneapolis, MN 55414</p> <p>Mailing Address 800 Kasota Avenue, S.E. Minneapolis, MN 55414</p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																							
<p>2. New Principal Office Address, if Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																							
<p>3. New Mailing Address, if Applicable</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 10/29/90</p> <p>5. FEI Number 41-0846790</p> <p>Applied For Not Applicable</p>																					
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1 Title(s)</th> <th style="width:30%;">2 Name of Officers and/or Directors</th> <th style="width:40%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:20%;">4 City/State/Zip</th> </tr> </thead> <tbody> <tr> <td>C, D</td> <td>Thomas F. Rink</td> <td>800 Kasota Avenue, S.E.</td> <td>Minneapolis, MN 55414</td> </tr> <tr> <td>D</td> <td>Len Evans</td> <td>800 Kasota Avenue, S.E.</td> <td>Minneapolis, MN 55414</td> </tr> <tr> <td>D, P</td> <td>Daryl K. Hanzal</td> <td>800 Kasota Avenue, S.E.</td> <td>Minneapolis, MN 55414</td> </tr> <tr> <td>D, VP, S, T</td> <td>Daniel J. Pierce</td> <td>800 Kasota Avenue, S.E.</td> <td>Minneapolis, MN 55414</td> </tr> </tbody> </table> <p style="text-align: right; font-weight: bold;">100003033091--3 -11/02/99--01098--016 ***908.75 ***908.75</p>				1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip	C, D	Thomas F. Rink	800 Kasota Avenue, S.E.	Minneapolis, MN 55414	D	Len Evans	800 Kasota Avenue, S.E.	Minneapolis, MN 55414	D, P	Daryl K. Hanzal	800 Kasota Avenue, S.E.	Minneapolis, MN 55414	D, VP, S, T	Daniel J. Pierce	800 Kasota Avenue, S.E.	Minneapolis, MN 55414
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<p>8. Name and Address of Current Registered Agent</p> <p>CT Corporation System 1200 S. Pine Island Road Plantation, Florida 33324</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City State Zip Code FL</p>																					
<p>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.</p> <p>Signature of Registered Agent <u>Charlotte Renee Cruz</u> Date <u>10-29-99</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN: <u>Charlotte Renee Cruz, Asst. Secretary</u></p>																							
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) LS</p>																							
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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.</p> <p>SIGNATURE: <u>Daniel J. Pierce</u> Daniel J. Pierce, V.P. 10/26/99 1-800-328-5071</p> <p style="font-size: 0.8em;">SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																							