PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 JUN 20 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000015157

1. Corporation Name
DAKOTA PARTNERS, INC.

REINSTATEMENT 1998-2002

2. Principal Office Address	3. Mailing Office Address
2118 Pecos Way	2118 Pecos Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, Florida
Zip: 32246 Country: United States	Zip: 32246 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 2/13/97

5. FEI Number: 59-3426829 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

000006072830--0
-06/27/02--01065--012
***1350.00 ***1350.00

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Brian Courtney
Asst. V. Pres.
REGISTERED AGENT MUST SIGN

Date: 6/20/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Raymond Wall	2118 Pecos Way	Jacksonville, Florida 32246

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 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: Raymond J. Wall 6/19/02 727-417-4214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 631715 7341131

AUTHORIZATION :

COST LIMIT : $ PPF

ORDER DATE : June 20, 2002

ORDER TIME : 10:43 AM

ORDER NO. : 631715-005

CUSTOMER NO: 7341131

CUSTOMER: Mr. Raymond J. Wall
Dakota Partners, Inc.
2118 Pecos Way

Jacksonville, FL 32246

DOMESTIC FILINGS

RECEIVED
02 JUN 20 AM 11:38
DIVISION OF CORPORATION

NAME: DAKOTA PARTNERS, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____