

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 519794			
1. Corporation Name Imperial Palms Apartments Co. Ltd.			
2. Principal Office Address 1107 Hazeltine Boulevard Suite, Apt. #, etc. Suite 200 City & State Chaska, MN Zip 55318 Country USA		3. Mailing Office Address 1107 Hazeltine Boulevard Suite, Apt. #, etc. Suite 200 City & State Chaska, MN Zip 55318 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 12/06/1976	
		5. FEI Number 41-1600317 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 NRA Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive park Drive Suite, Apt. #, Etc. Suite 4 City Weston, FL State FL Zip Code 33331			
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 <u>Steve Johnson, asst. secretary</u> Date <u>8-9-06</u> REGISTERED AGENT MUST SIGN			
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
PD	Goodman, John B.	1107 Hazeltine Boulevard, Suite 200	Chaska, MN 55318
DVS	Goodman, Sidney A	1107 Hazeltine Boulevard, Suite 200	Chaska, MN 55318
VT	Peterka, Dan R.	1107 Hazeltine Boulevard, Suite 200	Chaska, MN 55318
V	Seifert, Melinda	1107 Hazeltine Boulevard, Suite 200	Chaska, MN 55318
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REINSTATEMENT 04-06			
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 contained in Chapter 119, 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: <u>John B. Goodman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>John B. Goodman, President</u>		8-17-06 952 301-8000 Date Daytime Phone #	