

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

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

FILED

DOCUMENT # 5604308

99 DEC 27 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
LADELCO, INC.

Principal Place of Business Mailing Address
**% ESM, INC
910 FOSHAY TOWER
821 MARQUETTE AVE SO.
MINNEAPOLIS, MINN 55402**

REINSTATEMENT 98-99
W99-28147

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.		1977	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1848266	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T/S C/D	TIMOTHY D. LAWLESS	APT. 2401 1117 MARQUETTE AVE SO.	MINNEAPOLIS, MINN. 55403
			500003099045--6 -01/14/00--01065--004 ****750.00 ****750.00
			500003099045--6 -01/14/00--01065--005 ****[50.00 ****[50.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Richard D. Lovell	
		Street Address (P.O. Box Number is Not Acceptable) 201 SWAIL FOREST BLVD.	
		Suite, Apt. #, Etc. UNIT 110 - DORAL	
		City Naples	State Zip Code FL 34105

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.
Signature of Registered Agent Richard D. Lovell Date 11-29-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Timothy D. Lawless - TIMOTHY D. LAWLESS - Pres. 11/29/99 612-371-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
612-371-4489 FAX

CR2E01 (1/2/98)