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Florida Department of State

Division of Corporations

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From:

Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION

Account Number : 071670002600

Phone : (941) 364-2409

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FOREIGN PROFIT QUALIFICATION

C. G. Gallina Corp.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. C. G. Gallina Corp.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Wisconsin 3. 39-1589993
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/31/87 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 8500 Greenway Blvd., Suite 200, Middleton, WI 53562
(Principal office address)
8500 Greenway Blvd., Suite 200, Middleton, WI 53562
(Current mailing address)
8. Real estate
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Timothy S. Shaw, Esq.
Office Address: 720 South Orange Ave.
Sarasota, Florida 34236
(City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Prepared by: Timothy S. Shaw, Esq.
Kirk Pinkerton
720 So. Orange Avenue
Sarasota, FL 34236
(941) 364-2435
Atty. Bar #331661

FAX AUDIT # H02-24648

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Joseph R. GallinaAddress: 8500 Greenway Blvd., Suite 200Middleton, WI 53562

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

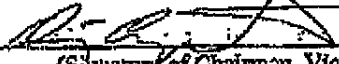
Director: _____

Address: _____

B. OFFICERS

President: Joseph R. GallinaAddress: 8500 Greenway Blvd., Suite 200Middleton, WI 53562Vice President: Craig B. EnzenrothAddress: 8500 Greenway Blvd., Suite 200Middleton, WI 53562Secretary: Rhonda MartenAddress: 8500 Greenway Blvd., Suite 200, Middleton, WI 53562Treasurer: Rhonda MartenAddress: 8500 Greenway Blvd., Suite 200, Middleton, WI 53562

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Craig Enzenroth, Vice-President
(Typed or printed name and capacity of person signing application)FILED
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Jan-28-2002 02:45pm To-8502050383--46999999

From-KIRKPINKERTON

T-087 P.004/004 F-286
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DOM
180 181 185

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

C. G. GALLINA CORP.

is a domestic corporation organized under the laws of this state and that its date of incorporation is July 31, 1987.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on January 22, 2002.

A handwritten signature in black ink, appearing to read "Ray Allen".

RAY ALLEN, Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

BY: *Cathy Mickelson*

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

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