

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000004359

**FILED**  
**Oct 10, 2014**  
**Secretary of State**

**Entity Name:** WADE WEISSMANN ARCHITECTURE INC.

**Current Principal Place of Business:**

8655 NORTH DEERWOOD DRIVE  
BROWN DEER, WI 53209

**New Principal Place of Business:**

8655 NORTH DEERWOOD DRIVE  
SUITE 1N  
MILWAUKEE, WI 53209

**Current Mailing Address:**

8655 NORTH DEERWOOD DRIVE  
BROWN DEER, WI 53209

**New Mailing Address:**

8655 NORTH DEERWOOD DRIVE  
SUITE 1N  
MILWAUKEE, WI 53209

FEI Number: 40-0000323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES INC  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NRAI SERVICES INC

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: WEISSMANN, WADE W  
Address: 8655 NORTH DEERWOOD DRIVE SUITE 1N  
City-St-Zip: MILWAUKEE, WI 53209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WADE W WEISSMANN

PRES

10/10/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date