

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -5 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000803

1. Corporation Name

ALDRIAN GUSZKOWSKI INC.

Principal Place of Business

12958 WEST BLUEMOND ROAD
ELM GROVE WI 53122

Mailing Address

12958 WEST BLUEMOND ROAD
ELM GROVE WI 53122



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1992

5. FEI Number

39-1726297

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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
PT	ALDRIAN, CHARLES F	3131 MADISON	WAUKESHA WI 53188
VS	GUSZKOWSKI, EUGENE R	1035 LAUREL COURT	WAUWATOSA WI 53213
VP	MIKECZ, MICHAEL	S44 W25420 RED OAK DRIVE	WAUKESHA WI
VP	ALEXANDER, STEPHEN J	700 BLUFF ROAD	EAGLE WI

REINSTATEMENT (97)

P. Legan
11/5/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEGAN, JOSEPH
11911 U.S. HIGHWAY 1, SUITE 205
PALM BEACH GARDENS FL 33408

Name

Joseph R. Legan

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

11382 Prosperity Farms Road

Suite, Apt. #, Etc.

Suite 225

City

Palm Beach Gardens

State

FL

Zip Code

33410

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

Joseph R. Legan
REGISTERED AGENT MUST SIGN

11-3-97
300002343053--8
-11/10/97--01119--016
****750.00 ****750.00
(See other side for information
on intangible tax.)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-28-97 (414) 789-6060

CR2E040 (8/97)