



H07000133398

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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING MAY 16 PM 1:29

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9500002631					
1. Corporation Name HARWOOD ENGINEERING CONSULTANTS, LTD., INC.					
2. Principal Office Address - No P.O. Box # 7420 West State Street			3. Mailing Office Address 7420 West State Street		
4. Suite, Apt. #, etc.			5. Suite, Apt. #, etc.		
6. City & State Milwaukee, Wisconsin			7. City & State Milwaukee, Wisconsin		
8. Zip 53213		9. Country USA		10. Zip 53213	
				11. Country USA	
7. Name and Address of Current Registered Agent					
Name C.T. CORPORATION SYSTEM					
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD					
Suite, Apt. #, Etc.					
12. City PLANTATION			13. State FL		14. Zip Code 33324
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0503, F.S.					
Signature of Registered Agent <i>Connie Bryan</i>		Name CONNIE BRYAN		Date 5/15/07	
		TITLE SPECIAL ASSISTANT SECRETARY			
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	
	See attached list of Officers & Directors				
10. I certify that I am an officer or director or the register of trustees empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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 118, 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: 		Name Bruce W. Kornitz		Date 05/10/07	
		TITLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PHONE Daytime Phone #	

REINSTATEMENT 02-07
CR25081 (1/07)

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

FD-10 - 12/97 CTS/SS/OL/LS

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	P ETTMAYER, CONRAD 512 W81864 GLACIER PASS DELAFIELD, WI 53018		T KORNITZ, BRUCE 6588 N. BETHMAUER GLENDALE WI 53209
	VPD HO, DANNY W147 N10224 WINDSONG CIR GERMANTOWN WI 53022		V LEX, ROBERT J. 920 OLD TOWER RD OCONOMOWOC WI 53088
	D BRUST, ROBERT J. 2141 N7558 LARI-LOU DR MENOMONEE FALLS WI 53051		V GERAGHTY, PATRICK 407 SALISBURY ROAD WEST BEND WI 53095
	D STROIK, DAVID L 5706 PARADISE RIDGE WEST BEND WI 53096		V PETERSEN, TOM 2834 NORTH 75 TH STREET WAUWATOSA, WI 53213
	D SMITH, DONALD R. 11661 HALECO LANE HALES CORNERS WI 53130		V SCOTT, JAMES 7217 HYACINTH COURT GREENDALE WI
			S POWELL, JOANN 447 NORTH STORY PKY MILWAUKEE WI 53208

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CORPORATION REINSTATEMENT

HARWOOD ENGINEERING CONSULTANTS, LTD., INC.

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