

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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TALLAHASSEE FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

CORPORATION REINSTATEMENT  
HARWOOD ENGINEERING CONSULTANTS, LTD., INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,350.00

JUN 01 2015

R. HUNT

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Help

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15 JUN -1 AM 8:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** F95000002831  
 1. Corporation Name  
**Harwood Engineering Consultants, Ltd., Inc.**

2. Principal Office Address - No P.O. Box # <b>255 North 21st Street</b>		3. Mailing Office Address <b>255 North 21st Street</b>	
City & State <b>Milwaukee, WI</b>		City & State <b>Milwaukee, WI</b>	
Zip <b>53233</b>	Country <b>USA</b>	Zip <b>53233</b>	Country <b>USA</b>

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida  
 5/31/1995

5. FEI Number  
**39-1498508**

6. CERTIFICATE OF STATUS DESIRED  
 Yes

Applied For  
 NOT APPLICABLE

\$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City  
**Plantation**

State  
**FL**

Zip Code  
**33324**

**REINSTATEMENT**

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8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  
 **Jordan Brown**  
 Asst. Secretary

DATE **6/1/15**


REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Conrad Ettmayer	S12W31664 Glacier Pass	Delafield WI 53018
V	Robert Lex	1863 River Lakes Road South	Oconomowoc WI 53066
V	Robert Gilomen	15460 Shamrock Lane	Brookfield WI 53005
V/D	Patrick Geraghty	339 Stoney Creek Lane	Fredonia WI 53021
V	Thomas Olejniczak	1752 North 83rd Street	Wauwatosa WI 53213
V	Tom Petersen	18155 Harvest Lane	Brookfield WI 53045

10. E-mail Address: robert.lex@hecl.com  
 (To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:**  
 **Robert Lex**

5/14/2015 414-918-1229

DATE DAYTIME PHONE #

6/17/2015 4:13:34 PM From: To: 8506176384( 3/3 )

**9. Names and Street Addresses of Each Officer and/or Director – CONTINUED**

<b>V</b>	<b>Randy Sikkema</b>	<b>172 Glen Hill Drive</b>	<b>Slinger, WI 53086</b>
<b>S/D</b>	<b>Joann Powell</b>	<b>447 N. Story Parkway</b>	<b>Milwaukee, WI 53208</b>
<b>D</b>	<b>David Strok</b>	<b>5706 Paradise Ridge</b>	<b>West Bend, WI 53095</b>

**JUN 01 2015**

**R. HUNT**