

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY -4 AM 9:36

DOCUMENT #

836479

1. Corporation Name

American Appraisal Associates, Inc.

2. Principal Office Address

411 East Wisconsin Ave

Suite, Apt. #, etc.

Suite 1900

City & State

Milwaukee WI

Zip

53202

Country

U.S.

3. Mailing Office Address

411 East Wisconsin Ave.

Suite, Apt. #, etc.

Suite 1900

City & State

Milwaukee WI

Zip

53202

Country

U.S.

**REINSTATEMENT**

99-01

4. Date Incorporated or Qualified  
To Do Business in Florida

6-7-76

5. FEI Number

39-1137784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

100004288411-3

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

1200 South Pine Island Road

05/22/01-01125-029

\*\*\*1050.00 \*\*\*1050.00

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Francis P. Regan*

**Francis P. Regan**

Assistant Secretary

Date

4/27/01

REGISTERED AGENT MUST SIGN

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

AD

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Ronald Goergen	136 W. White Oak Way	Meguon WI 53092
VD	Lee P. Hackett	17787 Nassau Drive	Brookfield WI
DSTV	Joseph P. Zvesper	W308 N145 Club Court	Hartland WI 53029
SEC	Paula D. Bost	411 East Wisconsin Ave., Ste 1900 Milwaukee, WI 53202	

10. 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:

*Paula D. Bost* Corporate Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA D. BOST

Date

3-13-01

Daytime Phone #

(414)

271 7240