PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

		LIENSE KEND	ALL INS!	RUCTI	ו פמוכ	BEFURE	CO	WIPLEII	ING TUIS E	LED.		
	RPORATI STATEM		s	DEPART Secretary SION OF CO	of Sta		:		SECRETAR DIVISION OF 08 APR 22	RY OF STA CORPORAL	TIONS	
DOCUMENT# F93000003479 1. Corporation Name Mack Oil Corporation of Wisconsin								400125047894 04/22/0801025030 **2858.75				
2. Principa 7721 Suite, Apt. #	ffice Address Outher Drive Sou etc.						!5 030 81 (12/07)	**2858.75				
City & State Trave Zip 496	rse City, MI Country USA			5	4. Date Incorporated or Qualified To Do Business in Florida 07/29/1993 5. FEI Number Applied For Not Applicable Service Applied For Service Service Service Applied For Service Servi							
Name Mike Cheeseman Street Address (P.O. Box Number is Not Acceptable) 4155 Gumbo Limbo Ct. Suite, Apt. #, Etc. City Bonita Springs State 34 ^{Zip Code} FL 34 ¹³⁴								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.				
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												
9. Names	and Street A	ddresses of Each Officer a	nd/or Director (Flo	rida nonprofi	t corpora	tions must list at	t least	3 directors)	,			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director					City / State / Zip			
P	John	7721 Outer Dr. Sout				outh	Traverse City, MI					
v -	Micha	1414 Long Lake				d. Traverse City, MI						
S	Rober	9427 Odell Rd.				49684 Williamsburg, MI 49690						
Т	John	3753 Apollo					Traverse	e City	, MI			
D	•	Mack		7721	Out	er Dr.	Sc	outh	Traverse	496 e City		

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 filling 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 contained in Chapter 119, 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.

1300 S. Long Lake Rd.

Pat Mack

D

John W. Mack
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Apr 08 231 946 5349
Date Dayline Phone #

49684

ΜI

Traverse City,