
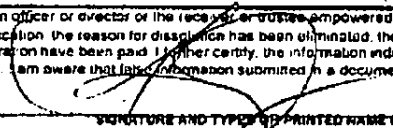


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14 OCT 20 PH 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000005258					
1. Corporation Name Wausou Financial Systems, Inc.					
2. Principal Office Address - No P.O. Box # 875 Indianhead Drive			3. Mailing Office Address PO Box 37		
State, Apt. #, etc.			State, Apt. # etc.		
City & State Mosinee, WI			City & State Mosinee, WI		
Zip	Country	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 10/10/1994	
54455	USA	54455	USA	5. FEI Number 39-1620250	Applied For Not Applicable
7. Name and Address of Current Registered Agent				6. CERTIFICATE OF STATUS DESIRED <small>58.75 Additional Fee required for a Certificate of Status</small>	
Name C T Corporation System				<p>2010-2014 REINSTATEMENT</p>	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
City Plantation					
State	Zip Code				
FL	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 617.0505, F.S.					
Signature of Registered Agent		<i>Connie Bryan</i> Connie Bryan		Date <u>10/20/2014</u>	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	
P	Gary Cawthorne	875 Indianhead Drive		Mosinee, WI 54455	
VP/S/T	Kelly Nanasy	875 Indianhead Drive		Mosinee, WI 54455	
D	William Fenimore	875 Indianhead Drive		Mosinee, WI 54455	
D	James Cowie	875 Indianhead Drive		Mosinee, WI 54455	
D	Patrick K. Blandford	875 Indianhead Drive		Mosinee, WI 54455	
D	Joseph L. Delgndillo	875 Indianhead Drive		Mosinee, WI 54455	
10. E-mail Address: <u>KNanasy@Wausoufs.com</u> <small>(To be used for future annual report notification)</small>					
11. I certify that I am an officer or director of the corporation, 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:				800-937-0017	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		800-937-0017	
		Kelly Nanasy		800-937-0017	

Division of Corporations

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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)222-1092
Fax Number : (850)878-5368

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CORPORATION REINSTATEMENT
WAUSAU FINANCIAL SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
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