

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV -9 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006494

1. Corporation Name

WELLSTREET FINANCE LTD., INC.

Principal Place of Business

754 N. 4TH STREET, SUITE 500
MILWAUKEE WI 53203

Mailing Address

754 N. 4TH STREET, SUITE 500
MILWAUKEE WI 53203

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1998

5. FEI Number

39-1907315

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BIEL, KENNETH W	754 N. 4TH STREET	MILWAUKEE WI 53203
VCT	AXBERG, KRIS C	754 N. 4TH STREET	MILWAUKEE WI 53203
S	BURI, F J VANA, JENNIFER A	754 N. 4TH STREET	MILWAUKEE WI 53203
D	ANDERSON, THOMAS V	13072 TYLER STREET	CROWN POINT IN 46307
			8000003052588--7 -11/23/99--01021--009 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Francis P. Regan
REGISTERED AGENT MUST SIGN

Francis P. Regan

Assistant Secretary

Date 11-8-99

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., 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:

Jennifer A. Vana

Jennifer A. Vana

11/1/99

(414) 297-4802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #