

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000401

1. Corporation Name

MCCLLOUD CONSTRUCTION, INC.

Principal Place of Business

2735 N. CALHOUN RD. SUITE A
BROOKFIELD WI 53005

Mailing Address

P.O. BOX 661
BROOKFIELD WI 53008

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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable

17500 W. Liberty Ln.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

New Berlin, WI

Suite, Apt. #, etc.

City & State

53146

City & State

Zip

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1999

5. FEI Number

39-1759034

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|---|
| P | MCCLLOUD, ROBERT S | 2735 N. CALHOUN RD, SUITE A 17500 W. Liberty Lane | BROOKFIELD WI 53005 New Berlin, WI 53146 |
| S | DE CLEENE, STEVEN B | NS1 W17154 SHAGBARK RD | MENOMONU FALLS WI 53051 |
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100008787351
11/04/02--01079--008 **750.00

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Christine M. Eastwine

Christine M. Eastwine
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 10/28/02

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #