

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 -6 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004433

1. Corporation Name

AMERI*STAR MORTGAGE CORPORATION OF WISCONSIN

Principal Place of Business

16535 WEST BLUEMOUNT ROAD. #310
BROOKFIELD WI 53005

Mailing Address

16535 WEST BLUEMOUNT ROAD. #310
BROOKFIELD WI 53005

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

08/26/1999

5. FEI Number

39-1624998

- 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
PCD	BREITZMAN, DANIEL J	1105 INDIANWOOD DRIVE	BROOKFIELD WI 53005
VSD	BREITZMAN, DIANNE L	1105 INDIANWOOD DRIVE	BROOKFIELD WI 53005
VTD	DAVIS, M. JEANNE	16465 WEST NORTH AVENUE	BROOKFIELD WI 53005

000008820350
11/06/02--01037--022 **750.00

8. Name and Address of Current Registered Agent

HOLM, KURT
4631 TURNBERRY LAKE
104
ESTERO FL 33928

9. Name and Address of New Registered Agent

Name STEVEN C. SCHROKA
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 4631 TURNBERRY LAKE 104
City ESTERO State FL Zip Code 33928

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-29-2002

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-2002 262-782-7002

Date

Daytime Phone #