

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 5:22

DOCUMENT # J81164

1. Corporation Name

WILLIAMS CAPITAL GROUP, INC.

2. Principal Office Address
ATTN: Glen F. Hackmann
777 E. Wisconsin Ave.

Suite, Apt. #, etc.

City & State

Milwaukee, WI

Zip

53202

Country

USA

3. Mailing Office Address
ATTN: Glen F. Hackmann
777 E. Wisconsin Ave.

Suite, Apt. #, etc.

City & State

Milwaukee, WI

Zip

53202

Country

USA

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida** July 6, 1987

5. FEI Number
592837467

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

ACT CORPORATION SYSTEM

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

200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

000003468020-7
-11/16/00--01096--009
***1208.75 ***1208.75

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

Christine M. Eastwine
Assistant Secretary

Date 10/23/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
Director President	Glen F. Hackmann	777 E. Wisconsin Ave.	Milwaukee, WI 53202
Director Treasurer	Leonard M. Rush	777 E. Wisconsin Ave.	Milwaukee, WI 53202
Director VP/Asst. Sec.	Tom Tollette	401 E. Jackson St., Suite 2900	Tampa, FL 33602
Secretary	Deborah Fabritz	777 E. Wisconsin Ave.	Milwaukee, WI 53202

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 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 Glen F. Hackmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 26, 2000 414.765.3618
Date Daytime Phone #

CR2E081 (9/99)