

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

2003 DEC -4 PM 2:50

DIVISION OF CONCORDANCE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016034

Name and Mailing Address

0016405 01 MB 0.309 \*\*AUTO TO 0 0615 53154-183226



FMB-FL DEVELOPMENTS LLC  
7300 S. 13TH STREET  
SUITE 101  
OAK CREEK WI 53154-1832



2003

[illegible]

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of \_\_\_\_\_  
Managing Member/Manager

NOT REQUIRED

Date \_\_\_\_\_

10/20/03

Daytime Phone #

414-764-7800

Typed or printed name of signing Managing Member/Manager.