


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS

FILED

2004 FEB 13 AM 8:43

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # M01000002412

1. Limited Liability Company's Name

Doral Administrative Services, LLC

800029074778  
02/19/04--01024--002 \*\*255.00

<b>2. Principal Office Address</b> 12121 N. Corporate Parkway Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 12121 N. Corporate Parkway Suite, Apt. #, etc.	
City & State Mequon, WI		City & State Mequon, WI	
Zip 53092	Country USA	Zip 53092	Country USA

**4. State/Country of Formation**  
WI

**5. Date Organized or Qualified  
To Do Business in Florida** 10/25/01

**6. FEI Number** 39-2040882  
☐ Applied For  
☒ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒ \$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
c/o CT Corporation System, 1200 South Pine Island Road  
Suite, Apt. #, Etc.  
City  
Plantation  
State  
FL  
Zip Code  
33324

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*Carrie Bryan*  
Special Asst.  
Secretary

Date 2/13/04

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Craig R. Kasten	1017 W. Glen Oaks Lane Suite 206	Mequon, WI 53092

**11. 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

*Craig R. Kasten*

Date 2-11-04 Daytime Phone # 262-241-7460

Typed or printed name of signing Managing Member/Manager Craig R. Kasten, Manager