

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
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

2. Principal Office Address

12121 N. Corporate Parkway

Suite, Apt. #, etc.

City & State

Mequon, WI

Zip

53092

Country

USA

3. Mailing Office Address

12121 N.

Corporate Parkway

City & State

Mequon, WI

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*

REGISTERED AGENT MUST SIGN

Date **2/13/04**

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**