

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
M01000002753
 FLORIDA DEPARTMENT OF REVENUE
 Secretary of State
 TALLAHASSEE, FLORIDA

FILED

02 DEC 26 PM 1:14

1. DOCUMENT # M01000002753
 Name and Mailing Address

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0008032 01 FP 0.352 **PRSR T4 0 0615 53092-575201
 DORAL SOLUTIONS, LLC
 10201 NORTH PORT WASHINGTON RD.
 MEQUON WI 53092-5752



2. New Mailing Address City, State, Zip		4. State/Country of Formation WI	
Principal Place of Business 10201 NORTH PORT WASHINGTON RD. MEQUON WI 53092		5. Date Organized or Qualified To Do Business in Florida 12/11/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 39-2040881	Applied For Not Applicable
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

CR2E084 (8/02)

10. 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: *James A. Bordonaro*
James A. Bordonaro
 Assistant Secretary
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Craig R. Kasten	1017 W. Glen Oaks Ln. Suite 206	Mequon, WI 53092
MGR	Gregory J. Borca	1017 W. Glen Oaks Ln Suite 205	Mequon, WI 53092
DIR	Lisa A. Sweeney	12121 Corporate Parkway	Mequon, WI 53092

REINSTATEMENT *02*

100009788651
01/02/03--01068--008 **150.00

12. I certify that I am managing member/manager, 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: 10/24/2002 Daytime Phone #: 262-834-4133
 Typed or printed name of signing Managing Member/Manager: Craig R. Kasten