

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 JUN -7 PM 12:59

DOCUMENT # M 99000000534

1. Limited Liability Company's Name

Rexcom, LLC

9/29/00

2. Principal Office Address

720 W. Virginia St.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milwaukee WI

City & State

Zip

53204

Country

USA

Zip

Country

4. State/Country of Formation

Wisconsin

5. Date Organized or Qualified To Do Business in Florida

4-9-1999

6. FEI Number

39-1920736

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$300 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ct Corporation System

700004384427-6

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

1200 South Pine Island Road

-06/11/01--01006--001

\*\*\*\*200.00 \*\*\*\*200.00

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

Connie Bryan

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**  
 REGISTERED AGENT MUST SIGN

Date

6/7/01

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
MGRM	<u>Donna Raffaelli</u>	<u>720 W. Virginia St</u>	<u>Milwaukee WI 53204</u>
MGRM	<u>Kelly McCook</u>	<u>720 W. Virginia St.</u>	<u>Milwaukee WI 53204</u>
MGRM	<u>Niksa Ivancevic</u>	<u>720 W. Virginia St.</u>	<u>Milwaukee, WI 53204</u>
			<u>Penalty \$100.00</u>
			<u>50.00</u>
			<u>50.00</u>
			<u>200.00</u>

**REINSTATEMENT 00-01**

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

Don Raffaelli

Date

6-1-01

Daytime Phone #

414-226-2205

Typed or printed name of signing Managing Member/Manager

Donna Raffaelli