

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 15 PM 2:48

DOCUMENT # P03000018794

1. Corporation Name

Enercon International Corporation

2. Principal Office Address

N69W32681 N. Lake Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

N69W32681 N. Lake Dr.

Suite, Apt. #, etc.

City & State

Hartland, WI

City & State

Hartland, WI

Zip

53029

Country

Waukesha

Zip

53029

Country

Waukesha

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/2003

5. FEI Number

20-0110872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Brenda L. White

Brenda L. White
Asst. Secretary

REGISTERED AGENT MUST SIGN

Date

11/4/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Scott Manning	W140N9572 Fountain Blvd.	Menomonee Falls, WI 53051
S/T/D	Dan Nimmer	W140N9572 Fountain Blvd.	Menomonee Falls, WI 53051
D	Judy Nimmer	W140N9572 Fountain Blvd.	Menomonee Falls, WI 53051

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Scott Manning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-05

Date

262-250-3176

Daytime Phone #

11/15/05