


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> V09656 (2)			
<b>1. Corporation Name</b> Blake Investment Corp. 731 N. Jackson Street, Ste 400 Milwaukee, WI 53202			
<b>2. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip		<b>3. Mailing Office Address</b> 731 N. Jackson Street Suite, Apt. #, etc. Ste 400 City & State <del>Milwaukee, WI</del> Zip Country 53202 USA	

**FILED**  
 01 AUG 24 PM 4:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 1/24/92	
<b>5. FEI Number</b> 65-0315125	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name William J. Blake	400004563854-7 -08/30/01--01035--080 ***300.00 ***300.00
Street Address (P.O. Box Number is Not Acceptable) 452 High Street	OO-OLUBR 78
Suite, Apt. #, Etc. City Boca Raton	State Zip Code FL 33432

**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: W. J. Blake Date: 7/30/01

REGISTERED AGENT MUST SIGN

**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
Officer	William J. Blake	7860 N. River Road	River Hills, WI 53217
Director	Patricia R. Blake	7860 N. River Road	River Hills, WI 53217
D	W. Scott Blake	7860 N. Club Circle	Fox Point, WI 53217
D	Pamela B. Grant	6209 N. Berkely Blvd.	Whitefish Bay, WI 53211
D	Timothy R. Blake	452 High Street	Boca Raton, FL 33432

**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:** W. J. Blake William J. Blake Date: 7/30/01 (414) 272-2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)