

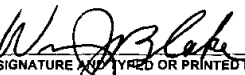


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 CORPORATION FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 AUG 24 PM 4:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V09656 (2)			
1. Corporation Name Blake Investment Corp. 731 N. Jackson Street, Ste 400 Milwaukee, WI 53202			
2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		731 N. Jackson Street	
City & State		Ste 400	
Zip		City & State	
Country		Milwaukee, WI	
53202		USA	
		4. Date Incorporated or Qualified To Do Business in Florida 1/24/92	
		5. FEI Number 65-0315125 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name William J. Blake 400004563854-7			
Street Address (P.O. Box Number is Not Acceptable) 452 High Street -08/30/01--01035--080			
Suite, Apt. #, Etc. 00-014BR 78			
City Boca Raton		State FL Zip Code 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 		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:  William J. Blake		7/30/01	(414) 272-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #