



BROADWAY THEATRE CENTER ♦ 158 N. BROADWAY, SUITE 600 ♦ MILWAUKEE, WI 53202-6015

DAVID C. BANGERT

PHONE (414) 271-1972 ♦ FAX (414) 271-1511 ♦ E-MAIL DCBANGERT@HOTMAIL.COM

Attorney At Law

12/07/2020

TO: ltelmer@milwaukee.gov

RE: ZAID 9 LLC and Application to Vacate
In Rem Judgment Regarding Property At
2902-2904 N. Mother Simpson Way

Pursuant to a request made today by
the Judiciary & Legislation Committee, attached
is a copy of Zaid 9 LLC's Application for
Reinstatement of the LLC.

Thank you,

David C. Bangert

CHAPTER 183
STATE OF WISCONSIN
DEPARTMENT OF FINANCIAL INSTITUTIONS

APPLICATION FOR REINSTATEMENT – LIMITED LIABILITY COMPANY

NAME OF LIMITED LIABILITY COMPANY ZAID 9 LLC

EFFECTIVE DATE OF ADMINISTRATIVE DISSOLUTION 03/17/2018

The limited liability company herewith applies for reinstatement under sec. 183.09025(4) of the Wisconsin Statutes and states:

That it has cured the cause for its administrative dissolution by filing a current annual report conforming to the requirements of sec. 183.0120 of the Wisconsin Statutes;

that it has paid all fees and penalties due the department as required by sec. 183.0110(2) (b) of the Wisconsin Statutes; and

That its company name satisfies the requirement of sec. 183.0103 of the Wisconsin Statutes.

Executed on behalf of the limited liability company on 12/4/2020
(Date)

Title: Member OR Manager
Select and mark (X) the appropriate title

[Signature]
(Signature of Member or Manager)

Haitham AlGasem
(Printed Name)

INSTRUCTIONS

- 1) The application and current annual report is to be signed by a member or manager of the LLC.
- 2) Submit the application and a current annual report to: DEPARTMENT OF FINANCIAL INSTITUTIONS, PO Box 7846, Madison, Wisconsin 53707-7846, with the total fees described below:

ANNUAL REPORT FEES	\$ 125.00
FEE FOR APPLICATION AND CERTIFICATE OF REINSTATEMENT	\$ 100.00
TOTAL FEES REQUIRED	\$ 225.00
LESS CREDITS AVAILABLE	\$
TOTAL AMOUNT DUE	\$ 225.00

Exp. Fee 25

\$ 250.00

Instructions for filing the paper Annual Report

All fields on this report must be completed. If any area of this report is left blank, the report will be returned to you. If a problem exists, it may be necessary to reach you by phone. Please provide a name and phone number where you can be reached during the day.

Name Haitham Al Qasem	Phone Number (414) 688 3785
--------------------------	--------------------------------

This Report is pre-filled with the entity's name and ID number, and is addressed to its registered agent at the agent's address as it appears in our records

- ITEM 1** Enter the complete address of the limited liability company's principal office. If the preprinted information is incorrect, line out the incorrect information and enter correct data to the right of the address.
- ITEM 2** If management of the limited liability company is vested in manager(s), list the names and business address for each manager. If none, please state "NONE". Additional pages may be appended.
- ITEM 3** Check all box(es) which describes the general nature of the business type of the limited liability company. If your business type is not listed, specify its type at box #11 in the space provided.
- ITEM 4** A "Member", "Manager" or "Attorney-in-fact", must sign the report. Check the appropriate box to indicate the title of the signatory.
- ITEM 5** Sign and date the report. Print or type the name of the signatory on the line provided.

PLEASE NOTE

The limited liability company captioned on the front of this form is no longer in a current status. The limited liability company went into a delinquent status on the date indicated on the front of this report for failure to file an annual report during the previous reporting year. Until the limited liability company is restored to a current status, we cannot accept any documents for filing.

If you feel this information is inaccurate, please call our office at 608-261-7577 for further information and/or instructions.

The delinquent form on the front of this document may be used to restore the limited liability company to a current status. The fee is indicated on the report. This delinquent form also satisfies the current reporting year's requirement. There is no late fee or penalty included in this fee.

Please mail the annual report to:
Department of Financial Institutions
PO BOX 7846
Madison WI 53707 - 7846

Changing Registered Agent or Registered Agent's Address

This report is captioned with the limited liability company's name and ID number, and is addressed to its registered agent at the agent's address as appearing in our records. If the entity desires to change the registered agent or agent's address effective with the filing of this report, it may be accomplished without additional fee by setting forth the new designations in the space provided on the front of this form. The entity is required to maintain a registered agent at all times, and the designations continue in effect until changed by a subsequent change.

THIS IS A REQUIRED REPORT. Failure to file this report may subject the limited liability company to administrative dissolution (sec. 183.0120 and 183.09025 Wisconsin Statutes.)



Expedite

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
WISCONSIN DOMESTIC LIMITED LIABILITY
ANNUAL REPORT

ADS 03/17/2018

FILING FEE
\$125.00

12 Domestic LLC

2005395

ZAID 9 LLC

HAITHAM A AL QASEM
2900 N 10TH ST

MILWAUKEE WI 53211

COPY

Registered Agent <i>Haitham Al Qasem</i>		
Street Address (required) <i>1002 E Price CT</i>		
PO Box (If Applicable)		
City <i>Milwaukee</i>	State <i>WI</i>	Zip Code <i>53207</i>
This form is addressed to the entity's registered agent. If a change of agent or agent's address is desired, indicate those changes above. The street address of the registered office and the business office of the registered agent, as changed, must be identical.		
This fee indicated is the sum of the fee for the current report year (\$25) and the fees for all earlier reports the Limited Liability Company failed to file. This single filing will satisfy the current report year's report obligation and any previous report obligations not accomplished.		

1 Principal Office Address: Enter the street number, city, state and Zip Code. If left blank, the report is not acceptable and will be returned.
*2900 N 10th St
Milwaukee, WI 53211*

2 If Management is vested in one or more managers, indicate the name(s) and business address(es) below. If none, state "None". A schedule may be appended.

Manager's Name	Street Address	City	State	Zip Code
Manager's Name	Street Address	City	State	Zip Code
Manager's Name	Street Address	City	State	Zip Code
Manager's Name	Street Address	City	State	Zip Code
Manager's Name	Street Address	City	State	Zip Code

3 A brief description of the company's business:

- | | | |
|--|---|---|
| <input type="checkbox"/> 01 Agriculture, Forestry, Fishing or Fish Culture | <input type="checkbox"/> 05 Transportation or Warehousing | <input type="checkbox"/> 09 Health Care or Social Assistance |
| <input type="checkbox"/> 02 Construction | <input type="checkbox"/> 06 Finance or Insurance | <input type="checkbox"/> 10 Accommodation, Food Service, Arts, Entertainment, or Recreation |
| <input type="checkbox"/> 03 Manufacturing | <input type="checkbox"/> 07 Real Estate, Rental or Leasing of Property | <input type="checkbox"/> 11 Other specify: _____ |
| <input checked="" type="checkbox"/> 04 Wholesale or Retail Trade | <input type="checkbox"/> 08 Professional, Scientific, Technical, Information Publishing, or Media | |

The entity has not entered into any combination, conspiracy, trust, pool, agreement or contract intended to restrain or prevent competition in the supply or price of any articles or commodity in general use in this state, or constituting a subject or trade or commerce, or which shall in any manner control the price of any such article or commodity, fix the price, limit or fix the amount or quantity to be manufactured, mined, produced or sold in said state, or fix any standard or figure by which its price shall be in any manner controlled or established.

4 FOR THE DOMESTIC LIMITED LIABILITY COMPANY

Check Title: Member Manager Attorney-in-fact

5 *[Signature]* Member's or Manager's Signature *Haitham Al Qasem* Signatory's Printed Name 12/4/2020 Date

This Annual Report (Form 516) is authorized by s.183.0109, Stats., and is a REQUIRED REPORT under s.183.0120 and 183.0925, Wis Stats. Failure to file may result in the administrative dissolution of the limited liability company. Upon filing, the data in the report becomes public and might be used for purposes other than that for which it was originally collected.