PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION , ⊬ FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

ROUSH PRODUCTS COMPANY, INC.

Principal Place of Business Mailing Address

TAX DEPT 200 SOUTH SIXTH ST

MINNÉAPOLIS MN 55402

TAX DEPT 08X3 200 SOUTH 6TH ST. MINNEAPOLIS MN 55402 RENSTATEVEN! ...

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

02 APR -4 PM 4:00

US		US		NE		7. இ. இ≕ாரிரிரண் உள்ள		HEU d
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							U	, , , , , ,
2. New Principal Office Address, If Applicable 3., New Mailir			ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida On 10714000			
		andmark So		09/27/1993				
Suite, Apt. #, etc. Suite, Apt. #,				04-1577960		Applied For		
City & State City & State							Not Applicable	
		mford CT		6 S8.75 Additional Fee re		nal Fee required		
21p 0000	0090 Country Zip 01690		CERTIFICAT		FOR STATUS DESIRED L		cate of Status	
. Names a	and Street Addresses of Each Officer and/	or Director (Flor	rida nonprofit corpo	rations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip				
DCEO	OLIVER, S. PAUL		Morandmark Sa		Stamfard, CI 06901			
DΡ	Kelly, Kevin O.		le har	ndmaik	. Sa	STANFUC	Z. CT	06901
TCFO	Young Jerry		le ha	ndmark	Sa	STANGEN	did	06901
ASAT	POPPELE, DONALD R		le La	ndmenk	SQ	STAME	d, ar	00201
ASAT	Miller, Bruce		232 4	Bronxees C	ANE	STEATFOR	doCT	06615
SVP	Saranno Linda	T	ce la	ndinark	Sa	STAMFOR	4, CT	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
				Name	5000053267857			
C T CORPORATION SYSTEM			Street Address (P.O. Box Number is Not Addaptable) 02 01061 028					

11. 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 individuals on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

PETER F. SOUZA

ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

SIGNATURE:

Signature of Registered Agent

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suite-Apt-#-Ete:

City

10/31/01

Zip Code

State