• • • • • • • • • • • • • • • • • • • •		PLEASE READ	ALL INST	RUCT	IONS	BEFORE C	OMPLET	ING THIS FO	RM.	
APPLICATION FLORIDA FLORIDA					A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State					C
REINSTATEMENT DIVISION OF CORPORATIONS							FILED			
DOCUMENT # F9500005577  1. Corporation Name							98 JAN -2 AM 10: 36			
VANS	OF DEI	AWARE, INC.						SECRETARY TALLAHASSE	OF STATE E. FLORID	A
Principal Place of Business  15 700  2005 BATAVIA ST.  PRANCE CA 2005 STON 90670  PRANCE CA 2005 STON 90670				1055 Storm-ke Ave. 1457. 18605-0101-(90670)						
If above addresses are Incorrect In any way, line through incorrect				G. B.			REINS	STATEM	ENT?	7 <i>F</i>
		Address, If Applicable		ing Office Address, If Applicable			Date Incorp     To Do Busin	orated or Qualified ness in Florida	11/09/19	95
				Suite, Apt. #, etc.			5. FEI Number 33-0272893			Applied For
City & Stat	<u>-</u>		City & State				6.		CO 75 A della	Not Applicable
Zip		Country	Zip		Country		CERTIFICAT	E OF STATUS DESIRED	for a Cert	Ificate of Status
7. Names	and Street Ad	Idresses of Each Officer and Name of Officers	or Director (Flo	rida nonpro		ions must list at lea et Address of Each		1	<del>.</del>	
Title(s) া	2	and/or Directors		3 (0	Officer and/or Director (Do NOT Use Post Office Box Numbers)			4	ity / State / Zip	
·C	MCCOWN, GEORGE E			2095 BATAVIA ST. 15700 Shoomaka Ave			'e.	ORANGE CA 0286 Sonte Fe S		40670
C	DE LEEUW, DAVID D			2095 BATAMA ST. 15700 Scoenska Ave.			·e.,	ORANGE CA 9200 South FL S	E.	
D	SCHAFF, PHILIP H JR.			2095 BATAVIA ST. 15700 Shoenaka Ave			u.	ORANGE GA 9200 Sonta Fe S	÷5	
D	FIX, WILBUR J			2005 BATAMA ST. 157-0 Shoemake Ave.			ve.	ORANGE CA 0200 Senda Fo Sp	5	
P	SCHOENFELD, WALTER E			15700 Shoemaker Ave.			/e.	ODANGE OL COO		
V	SCHOENFELD, GARY H			3005 BATAMAST. 15700 Shoemaker Ave			ve .	Sunta Re ORANGE CA 9266 Sunta Re	5 501.75,0	190670
<i>A</i> -	8. Nan	ne and Address of Current	Registered Age	ent		Name	9. Name and	Address of New Regis		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.						C T Corporation System Street Address (P.O. Box Number is Not Acceptable)				
SUITE 105						1200 South Pine Island Road Sulle, Apt. #, Etc. 600023933066				
TÁLLA	vhass <b>e</b> e fl	. 32301				City	<del> </del>		8 <sub>51a1</sub> 01±105	
10. I, bein	g appointed th	ne registered agent of the ab	ove named corp	oration, am	familiar wit	Planta th and accept the o			14-1223	) Z 4
Signature Registered		Depe	ane l	A B	sign			Date W2	4/97	
		ration owes or h Personal Proper				r Yes 🔲	No 🗌		her side for info n intangible tax	

SIGNATURE:

11/7/97 562-565-8473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. 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.



## EXHIBIT A

## List of Officers

<u>Title</u>	Name of Officer	Street Address	City/State/Zip
V	Gosselin, Craig E.	15700 Shoemaker Avenue	Santa Fe Springs, CA 90670