

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

15 NOV 12 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000001330**

1. Corporation Name

ARCTIC CAT SALES INC.

2. Principal Office Address - No P.O. Box #

505 Highway 169 N

Suite, Apt. #, etc.

Ste 1000

City & State

Plymouth, MN

Zip

55441

Country

USA

3. Mailing Office Address

505 Highway 169 N

Suite, Apt. #, etc.

Ste 1000

City & State

Plymouth, MN

Zip

55441

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
03/14/1996

5. FET Number

41-1743151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

500273096755  
11/12/15--01041--010 \*\*1650.00

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

*[Signature]*

Jordan Brown, Assistant Secretary  
CT Corporation System

Date 11/02/2015

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
CEO	Chris Metz D	505 Highway 169 N.	Plymouth/MN/55412
CFO	Christopher Eperjesy D	505 Highway 169 N.	Plymouth/MN/55412
VP- Legal	Michael Okerlund D	505 Highway 169 N.	Plymouth/MN/55412
VP- Snow	Brad Darling D	505 Highway 169 N.	Plymouth/MN/55412
VP- ATV6	Tracy Crocker D	505 Highway 169 N.	Plymouth/MN/55412

10 E-mail Address: **bdevone@arcticcat.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/15 763-354-1819  
Date Daytime Phone #

RE 11/13/15