PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 14 MAY 23 PM 3:06

SECRETARY OF STATE TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000079925

1. Limited Liability Company's Name

Dri-Grip Acquisitions, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
295 North Drive	same
Suite, Apt. #, etc.: Suite D	Suite, Apt. #, etc.:
City & State: Melbourne, Florida	City & State:
Zip: 32934 Country: USA	Zip: Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 8/18/2009

6. FEI Number: 27-0786180 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional if requested

8. Name and Address of Current Registered Agent

Name: JAMES M. O'BRIEN

Street Address (P.O. Box Number is Not Acceptable): 100 RIALTO PLACE

Suite, Apt. #, Etc.: SUITE 748

City: MELBOURNE State: FL Zip Code: 32901

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 5/14/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Pres.	Tom Wienckoski	331 Lansing Island Dr.	Satellite Beach Fl. 32937

11. E-mail Address: tom@drigrip.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 5-13-14 Daytime Phone #: 321-446-4803

Typed or printed name of signing Authorized Representative/Manager: Thomas Wienckoski