REINSTATEMENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 10 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L34082

1. Corporate Name: HQ (HEADQUARTERS) FUNWEAR, INC.

2. Principal Place of Business / Mailing Address:
1901 MASON AVE., Suite 101
Daytona Beach, FL 32117

REINSTATEMENT 1999

If any of the above are not correct in any way, line through incorrect information and enter correction below

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/99

5. FEI Number: 59-2981276 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO	DANIEL MAMAN	2200 N ATLANTIC AVE #701	Daytona Beach, FL 32118

400002994294---9
-09/22/99--01038--017
****750.00 ****750.00

8. Name and Address of Current Registered Agent
DANIEL MAMAN
2200 N. Atlantic Ave #701
Daytona Beach, FL 32118

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City — State: FL — Zip Code

To the best of my knowledge, the registered agent of the above named corporation am familiar with and accept the obligations of Section 607.0505, F.S.

REGISTERED AGENT MUST SIGN — Date 8/9/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

I am a director or 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 for reinstatement as indicated, 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 and taxes 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 is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURES:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 8/9/99 — Daytime Phone # 904-274-7107

CR2E061 (12.98)