PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 DEC 19 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000098392

1. Corporation Name

Grip Loose Inc

REINSTATEMENT

on-of

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2202 Pass-a-Grille Way	2202 Pass-a-Grille Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Pete Bch	City & State: St. Pete Bch
Zip: 33706 Country: USA	Zip: 33706 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/26/06

5. FEI Number: none ☐ 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: Allen Webb

Street Address (P.O. Box Number is Not Acceptable): 2202 Pass-a-Grille Way

Suite, Apt. #, Etc.

City: St. Pete Bch State: FL Zip Code: 33706

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Allen C. Webb — REGISTERED AGENT MUST SIGN — Date: 12/19/2008

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
President	Allen Webb	2202 Pass-a-Grille Way	St. Pete Bch, Fl. 33706
Secretary	Olena Webb	2202 Pass-a-Grille Way	St. Pete Bch, Fl. 33706

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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.

SIGNATURE: Allen Webb (Allen Webb) — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/2008 — Date

727-466-5913 — Daytime Phone #