PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1007

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 FEB -4 PM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23528

1. Corporation Name

PremiumWear, Inc.

Principal Place of Business	Mailing Address

REINSTATEMENT 9-1-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
5500 Feltl Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Minnetonka, MN	City & State
Zip: 55343 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/22/89

5. FEI Number: 41-0429620 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
C/D	Thomas D. Gleason	656 Manhattan Road	Grand Rapids, MI 49506
P	David E. Berg	4905 Poppy Lane	Edina, MN 55435
V	James S. Bury	3302 Gettysburg Ave. N.	New Hope, MN 55427
V	Cynthia L. Boeddeker	6710 Manchester Drive	Chanhassen, MN 55317
S	John R. Houston	6712 West Shore Drive	Edina, MN 55435
D	C. Derek Anderson	20 Kite Hill Lane	Mill Valley, CA 94941

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: CT 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

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-02/04/99-01054-022
***105.00 ***8.75

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Michele R Gustavson
REGISTERED AGENT MUST SIGN

Date: 2/2/99 2-5-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

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.

SIGNATURE: James S. Bury, VP — 612-979-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7 Continued from first page

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Office and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Keith A. Benson	8463 Crane Dance Trail	Eden Prairie, MN 55344
D	Alan Kosloff	433 Ward Parkway	Kansas City, MO 64112
D	Gerald E. Magnuson	65 Woodland Circle	Edina, MN 55424
D	Mark B. Vittert	750 South Price	Ladue, MO 63124