PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
03 MAR 18 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000035598

1. Corporation Name
RUGGED FOOTWEAR COMPANY

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
4701 N FEDERAL HWY	4701 N FEDERAL HWY
Suite, Apt. #, etc.: STE 380	Suite, Apt. #, etc.: STE 380
City & State: LIGHTHOUSE POINT, FL	City & State: LIGHTHOUSE POINT, FL
Zip: 33064 Country:	Zip: 33064 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 1993

5. FEI Number: 65-04 12686 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: KERRY EZROL

Street Address (P.O. Box Number is Not Acceptable): 3099 E COMMERCIAL BLVD

900014316439
03/18/03--01030--033 **70.75

Suite, Apt. #, Etc.: STE 200

City: FT LAUDERDALE State: FL Zip Code: 33308

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] Date: 3/7/03

REGISTERED AGENT MUST SIGN

CR2E058 (10/02)

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
D	WERMAN, JONATHAN	4701 NO FEDERAL HWY #380	LIGHTHOUSE POINT, FL

10. 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: [signature] Jonathan Werman 3/5/03 (954) 782 3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JF 3/15