PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JAN 26 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000056986

1. Corporation Name

ROADWEAR, INC.

Principal Place of Business / Mailing Address

~~7634 N.W. 6th Avenue~~
~~Boca Raton, FL 33487~~

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

REINSTATEMENT 96-98
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
7280 W. Palmetto Park Road
Suite, Apt. #, etc.
Suite 305N
City & State
Boca Raton, Florida 33433
Zip / Country

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

NEW PRINCIPAL BUSINESS & MAILING ADDRESS

4. Date Incorporated or Qualified To Do Business in Florida
8/13/93

5. FEI Number
65-0432910
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	William A. Hoffman	7280 W. Palmetto Park Rd. Suite 305N	Boca Raton, FL 33433
D	George Burmeister	7280 W. Palmetto Park Rd. Suite 305N	Boca Raton, FL 33433
D	E.H. Dickson	7280 W. Palmetto Park Rd. Suite 305N	Boca Raton, FL 33433
			300002416403--1
			-01/23/98--01036--020
			******8.75 ******8.75

1-28-97

8. Name and Address of Current Registered Agent

Stanley D. Gottsegen
2255 Glades Road, Suite 411-E
Boca Raton, FL 33432

9. Name and Address of New Registered Agent

Name 300002416403--1
-01/23/98--01036--021
Street Address (P.O. Box Number is Not Acceptable) ***1050.00 ***1050.00
Suite, Apt. #, Etc.
City State FL Zip Code

CR2E040 (12/95)

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 X Stanley D. Gottsegen Date 1/21/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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.

SIGNATURE: X William A. Hoffman 1/21/98 561-447-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #