PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC 29 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000052632

1. Corporation Name

Greenway Company, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
1515 Ringling Boulevard	1600 Highland Drive
Suite, Apt. #, etc.: Suite 1000	Suite, Apt. #, etc.:
City & State: Sarasota, Florida	City & State: Elm Grove, WI
Zip: 34236 Country: USA	Zip: 53122 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/10/99

5. FEI Number: 39-1764234 ☐ Applied For ☐ Not Applica

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee requ for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name: Richard R. Gans, Esquire

Street Address (P.O. Box Number is Not Acceptable): 1515 Ringling Boulevard

Suite, Apt. #, Etc.: Suite 1000

City: Sarasota State: FL Zip Code: 34236

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****750.00 ****750.00

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: X _____ Date: 12/28/2000

REGISTERED AGENT MUST SIGN

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,P.	James E. Auer	1600 Highland Drive	Elm Grove, WI 53122
VP	Richard R. Gans, Esquire	1515 Ringling Boulevard Ste. 1000	Sarasota, FL 34236

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: X _____ 12/28/2000 (941) 957-1902 KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RICHARD GANS, V.P. Date: Daytime Phone #