

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -7 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K63242

1. Corporation Name

HARRIS COMFORT SHOES, INC.

600009923586
01/07/03--01069--011 **308.75

2. Principal Office Address

104 NE 2ND ST

3. Mailing Office Address

509 BAY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FLORIDA

City & State

NORTH PALM BEACH, FL.

Zip

33432

Country

USA

Zip

33408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1989

5. FEI Number

65-0100221

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

RICHARD E. HARRIS

Street Address (P.O. Box Number is Not Acceptable)

509 BAY RD.

Suite, Apt. #, Etc.

City

NORTH PALM BEACH

State

FL

Zip Code

33408

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

Richard E. Harris

REGISTERED AGENT MUST SIGN

Date 01/02/03

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	RICHARD E. HARRIS	509 BAY RD.	NO. PALM BCH, FL 33408
D/T	BRENDA B. HARRIS	509 BAY RD	NO. PALM BCH; FL 33408

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:

Richard E. Harris

RICHARD E. HARRIS

01/02/03

561-392-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

je 1/8

HARRIS COMFORT SHOES, INC
104 NE 2ND ST
BOCA RATON, FL 33432

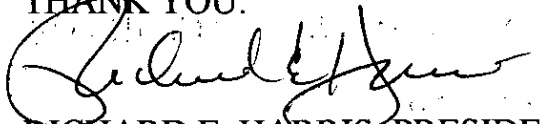
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RE: CERTIFICATE OF STATUS

WILL YOU PLEASE MAIL THE CERTIFICATE OF STATUS TO THE
FOLLOWING ADDRESS:

RICHARD E. HARRIS
104 NE 2ND ST
BOCA RATON, FL. 33432

THANK YOU.

A handwritten signature in cursive script, appearing to read "Richard E. Harris", is written over the typed name.

RICHARD E. HARRIS, PRESIDENT

**HARRIS COMFORT SHOES, INC
104 NE 2ND ST
BOCA RATON, FL 33432**

01/02/03

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REINSTATEMENT SECTION
PO BOX 6327
TALLAHASSEE, FL 32314**

SUBJECT: WAIVER OF REINSTATEMENT FEE

WHILE WE WERE SEARCHING YOUR WEB SITE TODAY TO DOWN LOAD OUR ARTICLES OF INCORPORATION, IN ORDER TO OPEN A NEW BANK ACCOUNT, WE DISCOVERED THAT OUR CORPORATION HAD BEEN DISSOLVED FOR FAILURE TO FILE REQUIRED DOCUMENTS.

WE CALLED YOUR OFFICE AND WERE TOLD THAT TWO NOTICES, AND THE ACTUAL NOTICE OF DISSOLUTION HAD BEEN SENT TO US. I CAN OFFER NO EXPLANATION AS TO WHY WE DID NOT RECEIVE THESE NOTICES, HOWEVER WE HAVE NO RECORD OF RECEIVING THEM.

CONSIDERING THE FACT THAT WE HAVE BEEN A VIABLE FLORIDA CORPORATION SINCE 1989, AND HAVE NEVER FAILED TO FILE IN ALL OF THESE YEARS, WE REQUEST THAT YOU WAIVE THE REINSTATEMENT FEE. WE REQUEST THIS DUE TO THE FACT THAT NOTICES WERE NOT RECEIVED. WE WILL BE FILING FOR A CHANGE OF ADDRESS OF OUR REGISTERED AGENT.

SINCERELY,

HARRIS COMFORT SHOES, INC



RICHARD E. HARRIS, PRESIDENT