PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 22 PM 12:49

DOCUMENT # P98000090752

1. Corporation Name

My Shoes, Inc.

REINSTATEMENT 90.01

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 11401 NW 12th ST | 11401 NW 12th St |
| Suite, Apt. #, etc. #146 | Suite, Apt. #, etc. #146 |
| City & State Miami, Fl | City & State Miami, Fl |
| Zip 33172 Country USA | Zip 33172 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida 10/26/98

5. FEI Number 65-0872670 ☐ 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: Carlos E. Garcia CPA, PA

Street Address (P.O. Box Number is Not Acceptable): 4995 NW 72nd Ave

Suite, Apt. #, Etc.: #206

City: Miami State: FL Zip Code: 33166

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****900.00 ****300.00

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 _____ Date 5-3-01

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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 |
|---|---|---|---|
| (PSTD) | Noris Andreu | 19701 SW 110 Ct APT #135 | Miami, Fl 33157 |
| | | | |
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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: Norys Andreu NORYS ANDREU 5/15/01 786-845-0710 305 378-6012

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