

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 313942

1. Corporation Name
Victory Shoes Corporation

2. Principal Office Address
1450 W 49st

Suite, Apt. #, etc.

City & State
Hialeah, FL

Zip Country
33012

3. Mailing Office Address
1450 W 49st

Suite, Apt. #, etc.

City & State
Hialeah, FL

Zip Country
33012

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida 2/20/1967

5. FEI Number 59-1167994
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 Alfredo Hernandez

Street Address (P.O. Box Number is Not Acceptable) 500009771785
501 E 5th street 01/02/03--01011--002 **900.00

Suite, Apt. #, Etc.

City Hialeah State FL Zip Code 33010

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]*
REGISTERED AGENT MUST SIGN

Date 12-26-2002

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
PD	Jose R. Iglesias	11403 NW 51 Ln Miami, FL	Miami, FL
STD	Alfredo Hernandez	501 E 5th street Hialeah, FL	Hialeah, 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)(f), 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]* ALFREDO HERNANDEZ 12-26-2002 305-8227416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2381 (3-01)