

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 DEC -2 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # # 332681
Corporation Name DANNY SHOES, INC.

Principal Place of Business	Mailing Address
148 E. Flagler St. MIAMI FL 33131	

REINSTATEMENT 1999

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

2. New Principal Office Address, if Applicable 148 E. Flagler St. Suite, Apt. #, etc.	3. New Mailing Office Address, if Applicable 148 E. Flagler St. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 7-19-1968
City & State Miami FL	City & State Miami, FL	5. FBI Number 59-1221219
Zip 33131	Country USA	Applied For ☒ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	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
Pres. Director	Danny Salzman	8420 SW 60th	Miami, FL 33143
V.P. Director	Michael Salzman	1116 NE 92nd	Miami Shores FL 33138
Secretary			

8. Name and Address of Current Registered Agent Fernando Aran, ESQ 710 S. DIXIE HWY Coral Gables FL 33146	9. Name and Address of New Registered Agent Name FERNANDO S. ARAN, ESQ Street Address (P.O. Box Number is Not Acceptable) 710 S. DIXIE HIGHWAY Suite, Apt. #, Etc. City CORAL GABLES State FL Zip Code 33146
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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
REG-STERED AGENT MUST SIGN

Date 9-2-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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)(ii), 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
BY: DANNY SALZMAN, PRESIDENT

9-2-99 (305) 530-2895