

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 25 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 332681

1. Corporation Name

Danny Shoes Inc.

2. Principal Office Address

148 E FLAGLER STREET

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

110 So. Dixie Highway

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33146

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 1968

5. FEI Number

59-1221219

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

FERNANDO S. ARAN

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

110 S. Dixie Hwy

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33146

300004525203-5

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****908.75 ****908.75

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 07/16/01

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
President	DANNY SALZBERG	8420 SW 66th	MIAMI, FL 33143
Vice President	MICHAEL SALZBERG	1116 NE 92nd	MIAMI Shores FL 33

LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/01 (305) 530-2895

CR2E081 (9/00)