

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 470095

FILED
Dec 22, 2009
Secretary of State

Entity Name: THE SHOE BOX, INC. OF TALLAHASSEE

Current Principal Place of Business:

2820 S MONROE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

2820 S MONROE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-1573531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELDON, WILLIAM J
9720 FARAWAY FARM ROAD
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM J WELDON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WELDON, WILLIAM J
Address: 9720 FARAWAY FARM RD
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP () Delete
Name: DAY, WILLIAM J
Address: 58 SILVER ACRES DR
City-St-Zip: TALLAHASSEE, FL

Title: SEC () Delete
Name: WELDON, WELDON G
Address: 2733 NEWMARKET CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J WELDON

PD

12/22/2009

Electronic Signature of Signing Officer or Director

Date