PLEASE READ ALL INSTRUCTIONS BEFORE CC

FILED May 18, 2005 8:00 am Secretary of State

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 858202 1. Corporation Name						•	TILED		
FOOTSTAR CORPORATION					05 HAY 18 PH 12: 07				
					TALLAHASSEE, FLORIDA				
) '			Office Address						
933 MACARTHUR BLUD, 67 1		MILLBROOK ST.			Bis		•	1111 05	
Suite, Apt. #, etc. Suite, Apt. #		etc.			PISHELL 04-05				
					4. Date Incorp To Do Busir			11983	
City & State City & State		210 TO 8 NO			5. FEI Number Applied For				
		ESTER MA			75-1500359 Not Applicable				
Zip	Zip Olb D	6	Country		CERTIFICATE OF STATUS DESIRED (1976) Gentilicate of Status				
7. Name and Address of Current Registered Agent									
Name									
Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 05/18/05-01034-007 **\$00.00									
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET)S==(i))	[034D07	500.0 ≬	
Suite, Apt. #, Etc.									
SUITE 105									
TALLAHASSEE, FL						State	Zip Code ろうろり	\	
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 Tabatha Multin ASST VP REGISTERED AGENT MUST SIGN Date 5 2 05									
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 Direct	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
PRES./ Jeffrey A.	Shepard	ard 933 Mac Anthor		thur	Blud	Blud Mchwah, NJ 07430			
V.PRG Stephen R.	Wilson	933	Mac Ar	thur	Blud.	M	ahush, N	JJ 07430	
TREAS. Stephen R.	Wilson	933	Mac A	mtho	or Blud.	YY	lahush	NJ 02430	
Drector Michael J	. Lynch	933	Mac F	Jo-th	mc Blog	·\\\	iahwah	NZ 07430	
Duestor Maureen t	Richards	933	Mack	Art	nu Blud			NJ 07430	
SECT Ronald S	teese	in H.	Mbrook	57		· W	CRCESTER	01602	
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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR