

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 SEP 27 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F22203

1. Corporation Name

SAFETY SHOE SALES INC

Principal Place of Business

Mailing Address

1269 COVERED BRIDGE RD
PALM CITY FL 34990

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

City & State

City & State

59-2072729

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)

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 EARLE J JOHNSTON 1269 COVERED BRIDGE RD PALM CITY FL 34990
SEC CLARE R JOHNSTON 1269 COVERED BRIDGE RD PALM CITY FL 34990
TREAS LDIS H JOHNSTON 1269 COVERED BRIDGE RD PALM CITY FL 34990

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-09/29/99--01062--011
***2351.25 ***2351.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

CLARE R JOHNSTON

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

1269 COVERED BRIDGE RD

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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

C.R. Johnston
REGISTERED AGENT MUST SIGN

Date

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)(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

C.R. Johnston

Date

Sept 27/99

Daytime Phone #

561 220 9492