06/12/2000 22:28 3058576840 KAUFMAN ROSSIN

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
00 AUG -1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

UBR 97.00

DOCUMENT # F48101 W-16612

1. Corporation Name
DEMAR CORPORATION
D/B/A ROTHMAN'S SHOE SALON

2. Principal Office Address	3. Mailing Office Address
635 LINCOLN RD.	635 LINCOLN RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL 33139	City & State: MIAMI BEACH, FL 33139
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/10/81

5. FEI Number: 59-2190684 ☐ 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: JOEL RABIN

Street Address (P.O. Box Number is Not Acceptable): 3535 N.W 58 Street

400003351334--2

Suite, Apt. #, Etc.:

-08/09/00--01098--003
****615.00 ****615.00

City: MIAMI State: FL Zip Code: 33142

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: Joel Rabin
REGISTERED AGENT MUST SIGN

Date: 7/11/00

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
PD	RABIN, JOEL M.	~~7135 NW 36TH AVE~~ 3535 N.W. 58TH ST	MIAMI, FL 33142

ADD

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: Joel Rabin Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/00
Date

305 631-1100
Daytime Phone #