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May 26 00 01:29p

APPLICATION
FOR
REINSTATEMENTACCOUNTANT AND MANAGEMENT
FLORIDA DEPARTMENT OF STATEKatherine Harris
Secretary of State
DIVISION OF CORPORATIONS

305-541-7033

FILED p. 1

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 30 PM 2:53

DOCUMENT # F48266

1. Corporation Name
ERNEST SHOES, INC.

F48266

Principal Place of Business

Mailing Address

8298 Northwest 68th Street
Miami FL 33166

REINSTATEMENT 94-00

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

2. New Principal Office Address, If Applicable
1886 NW 20th Street

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-2166616

Not Applicable

City & State
Miami FL

City & State

Zip
33142Country
Dade

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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)

1. Title(s)	2. 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
P	PEDRO B. DURAN	6615 S.W. 151 Court	Miami FL 33193

8. Name and Address of Current Registered Agent

VICHOT, NIVALDO
13371 SW 97th Court
Miami FL 33166

9. Name and Address of New Registered Agent

Name

PEDRO B. DURAN

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

6615 SW 151 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33193

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date May 25, 2000

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)(A), 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B00000029309 2

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katharine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

ERNEST SHOES, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$1,658.75

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