



# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F49248</b> 1. Entity Name <b>CAL'S SHOES, INC.</b>						<b>FILED</b> 07 OCT 17 PM 1:11 TALLAHASSEE, FLORIDA			
Principal Place of Business <b>4509 CREEKMORE ROAD</b> <b>PENSACOLA, FL 32505 US</b>				Mailing Address <b>4509 CREEKMORE ROAD</b> <b>PENSACOLA, FL 32505 US</b>					
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		10102007 REIN-P CR2E098 (1/07)					
City & State		City & State		4. FEI Number <b>59-2134368</b>				Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>BONTWELL, RHONDA</b> <b>4509 CREEKMORE ROAD</b> <b>PENSACOLA, FL 32505</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Rhonda Bontwell</i></u> <span style="float: right;">10-10-07</span> <small>Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>									
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2008, Fee will be \$900.00</b>									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE D <input type="checkbox"/> Delete NAME CALCOTE, NOLA A STREET ADDRESS 4509 CREEKMORE ROAD CITY-ST-ZIP PENSACOLA, FL 32505				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>800110876008</b> CITY-ST-ZIP <b>10/17/07--01012--008 **758.75</b>					
TITLE PTS <input type="checkbox"/> Delete NAME BOUTWELL, RHONDA STREET ADDRESS 4509 CREEKMORE ROAD CITY-ST-ZIP PENSACOLA, FL 32505				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <u><i>Rhonda Bontwell</i></u> <span style="float: right;">10-10-07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>									