PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



954

566-3414

Daytime Phone #

10 JAN 2001

KE

CORPORATION



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

1. Corporation Name

SHOES + YOU INC

FILED JAN 18 AM 8: 30

SECRETARY OF STATE TALLAHASSEE FLORIDA

			i e			
2. Principal Office Address 3355 NE 32NA ST	, ,	3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country		12-X	N) 1 LRE	
Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number S9-2141485 Not Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required		
City & State F-1. LAUDER DALE Zip Country	FL					
33308 BROWA	RD			ATE OF STATUS DESIRED 🔲 38	/5 Additional Fee required or a Certificate of Status	
Street Address (P.O. Box Nur 30 Suite, Apt. #, Etc.	RIES W. nber is Not Acceptable) 086 Wact	_		-01/26/01 *****765.00 State Zip Code FL 32444	****7,55.00	
Signature of Registered Agent 9. Names and Street Addresses of Each O	REGISTERED AG	ENT MUST SION	s must list at least 3 directors	Date 1/15/	01	
	les Name of Officers and/or Directors		Street Address of Each Officer and/or Director		e / Zip	
	A		asia SE lato ST		, FL	
pres Robert	E. HOVANEC	, -	th Ocean Blud r# 2704	Pompano Bch	FL 13062	
sect REGINA H	muller	2512 S	E 12th ST	pomp Bcl	, FL	
Tres REGINAH	Muller	2512 56	= 12ts 3T	pomp 8ch	, FL	
				•		
10. I certify that I am an officer or director or this reinstatement application, the reason	the receiver or trustee er o for dissolution has been	npowered to execute this eliminated, the corporate	application as provided for in on mame satisfies the requireme	chapter 607 or 617, F.S. I further	certify that when filling	

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

MULLER

F,

WILLIAM

SIGNATURE:

Shoesa YOU INC 3355 NE 32Nd ST Ft. LAUDERDALE, FL 33308 (964) 566-3414

DIVISION OF CORPORATIONS
P.O. BOX 1500
Tallahasse, FL 32302-1500

REF: Shoes Jou Corp FEI # 59-2141485

Please Find enclosed a ck for 765° to reinstate above corp- (Shors *You). This is

for 1997-2001. Check amount was given

to be by. Stacy Prather, Div of Corp, 10 TAN 2001.

Shoes = You did not receive Uniform

Business Report From 1997 till nam because

it was sent to the wrong address in 1997.

If you have any questions please contact.

Stacy Prather direct # 850- 487-6028.

Thankyer.

William & Muller