

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000002480**

1. Corporation Name

**SHOE BIZ OF INDIANA, INC.**

Principal Place of Business

Mailing Address

1810 25TH STREET  
COLUMBUS IN 47201

1810 25TH STREET  
COLUMBUS IN 47201

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/1995

5. FEI Number

35-1584015

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PAST	BELLOWS, CAROLYN	1810 25TH STREET	COLUMBUS IN
DSV	BELLOWS, ROBERT	1810 25TH STREET	COLUMBUS IN
VAST	LANDIS, TAMMY	1810 25TH STREET	COLUMBUS IN

200023920152

10/17/03-01092-018 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Carolyn S Bellows*

REGISTERED AGENT MUST SIGN

Date

10/10/03

11. 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.

CAROLYN S BELLOWS

SIGNATURE:

*Carolyn S Bellows*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03

Date

812-372-7671

Daytime Phone #

CR2E040 (7/03)

# Shoe Biz, Inc.



October 10, 2003

Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please accept our enclosed Application For Reinstatement along with our check in the amount of \$150.00. We are respectfully requesting a wavier on the filing fee. We did not receive any prior notices. This was the first one we received.

Please call Michelle at the number listed below if you have any questions.

Very truly yours,

SHOE BIZ, INC.

A handwritten signature in cursive script that reads "Carolyn S. Bellows".

Carolyn S. Bellows, Pres.

md

enc