

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 AUG 12 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G 49910

1. Corporation Name

Heartland Shoe Corporation, Inc.  
% Riera y Associates

2. Principal Office Address

340 Sevilla Ave

Suite, Apt. #, etc.

City & State

Coral Gables, Fla.

Zip

33134

Country

USA

3. Mailing Office Address

340 Sevilla Ave.

Suite, Apt. #, etc.

City & State

Coral Gables, Fla.

Zip

33134

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7-26-84

5. FEI Number

59-2314383

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

Mrs. Carmen Elena Mohlman

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

3138 Commodore Plaza,

Suite, Apt. #, Etc.

Suite 318

City

Miami, Fl. 33133-5814

State

FL

Zip Code

33133-5814

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 Carmen Elena Mohlman

Date 8-10-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| P D    | Carmen Elena Mohlman                 | 3138 Commodore Plaza, S 318                       | Miami, Fl. 33133-5814 |
| S/TD   | Harry Dunn                           | 481 Broadwell Drive                               | Nashville, Tn. 37220  |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

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: Harry Dunn, S/T/D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-04

Date

615 832 1977

Daytime Phone #

CR2E081 (01/04)