

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** G49910

**1. Corporation Name**

HEARTLAND SHOE COMPANY, INC.

**2. Principal Office Address - No P.O. Box #**

2701 So. Bayshore Dr, St 401

Suite, Apt. #, etc.

Suite 401

City & State

Coconut Grove, Fla.

Zip

33133

Country

USAS

**3. Mailing Office Address**

2701 So Bayshore Dr. St401

Suite, Apt. #, etc.

Suite 401

City & State

Coconut Grove, Fl.

Zip

33133

Country

USA

**7. Name and Address of Current Registered Agent.**

Name

Ms. Raquel V. Dawson, Freeman, Dawson, Rosenbaum, CPA's

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

2701 South Bayshore Drive,

Suite, Apt. #, Etc.

Suite 401

City

Coconut Grove,

State

FL

Zip Code

33133

**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

REGISTERED AGENT MUST SIGN

Date

12/14/08

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip.
P	Carmen E. Palomo	605 Ocean Drive, Apt. 61	Key Biscayne, Fl. 33149
S & T	Jose Roberto Rivera	2701 So. Bayshore Dr. Ste 401	Coconut Grove, Fl. 33133
D	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 contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry Dunn

9 December 2008

Date

Daytime Phone #

FILED

2008 DEC 22 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (10/08)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7-26-1983

**5. FEI Number**

59 23148333

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

REINSTATEMENT

07-08

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12/12/08--01051--014 \*\*300.00