

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 12 AM 10:10

DOCUMENT # G89605

1. Corporation Name

DILLARD'S COMFORT SHOES, INC.

SECRETARY OF STATE
600009494996
12/12/02--01124--004 **750.00

Principal Place of Business

976 WEST STATE ROAD 434
LONGWOOD FL 32750

Mailing Address

976 WEST STATE ROAD 434
LONGWOOD FL 32750



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 02

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/09/1984

5. FEI Number

59-2396822

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
PTD	DILLARD, GENEVA	976 WEST STATE ROAD 434	LONGWOOD FL 32750
VPD	DILLARD, GERALD	976 WEST STATE ROAD 434	LONGWOOD FL 32750

8. Name and Address of Current Registered Agent

DILLARD, GENEVA
976 STATE ROAD 434
LONGWOOD FL 32750

9. Name and Address of New Registered Agent

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

Geneva Dillard **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date

12/10/02

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.

SIGNATURE:

Geneva Dillard **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10/02 407-830-6607

CR2EC40 (8/02)