

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# J34409

Entity Name: JULIE'S TOPSIDERS, INC.

**FILED**  
**Oct 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4201-4209 SOUTH ORANGE AVENUE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

4201-4209 SOUTH ORANGE AVENUE  
ORLANDO, FL 32806

**New Mailing Address:**

5120 PLEASURE ISLAND RD.  
BELLE ISLE, FL 32809

FEI Number: 59-2721502

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PAULSON, JULIE L  
2205 CROSS LAKE RD.  
ORLANDO, FL 32809 US

**Name and Address of New Registered Agent:**

PAULSON, JULIE L  
5120 PLEASURE ISLAND RD.  
BELLE ISLE, FL 32809 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JULIE L. PAULSON

10/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DROBOT, DERWOOD L  
Address: 3525 BLOSSOM CIRCLE  
City-St-Zip: ZELLWOOD, FL 32798

Title: V.P.  
Name: PAULSON, JULIE L  
Address: 5120 PLEASURE ISLAND RD.  
City-St-Zip: BELLE ISLE, FL 32809

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE L. PAULSON

VP

10/26/2011

Electronic Signature of Signing Officer or Director

Date