

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -6 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M08814

1. Corporation Name

WAYNE SHOE CORP.

Principal Place of Business

404 N.W. 26TH ST. P.O. Box 371185  
MIAMI FL 33127  
Miami, FL 33137

Mailing Address

404 N.W. 26TH ST. P.O. Box 371185  
MIAMI FL 33127  
Miami, FL 33137

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

2. New Principal Office Address, If Applicable

P.O. Box 371185  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 371185  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/11/1984

5. FEI Number

04-2018258

Applied For

Not Applicable

City & State

Miami, FL

City & State

Miami, FL

Zip

33137

Country

USA

Zip

33137

Country

USA

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)

Title(s)

Name of Officers  
and/or Directors

Street Address of Each  
Officer and/or Director

City / State / Zip

PTD

MENZER, STEPHEN

404 N.W. 26TH ST. 400 NW 26th St  
P.O. Box 371185

MIAMI FL 33127  
Miami, FL 33137

700008830517  
11/06/02--01075--011 \*\*150.00

8. Name and Address of Current Registered Agent

MENZER, STEPHEN

404 N.W. 26TH ST. P.O. Box 371185  
MIAMI FL 33127  
Miami, FL 33137

9. Name and Address of New Registered Agent

Name

Menzler, Stephen

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

400 NW 26 St

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33127

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/30/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
STEPHEN MENZLER

Date

Daytime Phone #

305-573-3200

CP2E040 (8/02)

# **CIRCLE SHOE COMPANY**

**P.O. BOX 371185**

**MIAMI, FL. 33137**

**TEL: 305-573-3200**

**FAX: 305-573-3210**

**E-MAIL: CIRCLESHOE@HOTMAIL.COM**

**Florida Dept. Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314**

**4 November 2002**

**Re: 04-2018258**

**Dear Sir,**

**I am in receipt of a NOTICE OF DISSOLUTION and request re-instatement. I changed my location and my mailing address and did not receive the original renewal application.**

**Please find enclosed a new the application for renewal with the necessary changes along with a check for \$150.00. If there is any problem please contact me at the above address.**

**Sincerely,**



**Stephen Menzer  
President**