

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

01 MAR 15 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000000175

1. Limited Liability Company's Name

MADISON SHOE COMPANY L.L.C.

REINSTATEMENT

2000-
2001

2. Principal Office Address

75 TRIANGLE BLVD.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

CARLSTADT, NJ

Zip

07072

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

127-64-4754

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

C.T. CORPORATION SYSTEM

800003888648-9

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

1200 SOUTH PINE ISLAND RD

03/20/01-01088-001

****150.00 ****150.00

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with the provisions of Chapter 608, F.S.

Signature of
Registered Agent

Jennifer L. Morgia
REGISTERED AGENT MUST SIGN

CT Corporation System
Assistant Secretary

Date 3-14-01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PETER R. GRUETERICH	84 LOWER CROSS ROAD	GREENWICH, CT 06831
			800003888648-9 03/20/01-01088-002 *****50.00 *****50.00

2-15-01

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Peter R. Grueterich

Date 10/31/00

Daytime Phone (201) 438 7733

Typed or printed name of signing Managing Member/Manager PETER R. GRUETERICH.

CR2E041 (9/99)