


900.00

700241ANK05

APPROVED
AND
FILED**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

05 MAY 23 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|-------------------------|--|--|--|---------------------------------------|
| DOCUMENT # P00000018263 | | | |  | |
| 1. Entity Name SANFORD FEET, INC. | | | | | |
| Principal Place of Business 500 TOWNE CENTER CIR SANFORD, FL 32771 | | | Mailing Address P O BOX 141269 IRVING, TX 75014-1269 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3627298 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | |
| | | | City | FL | Zip Code |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$900.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| NAME | GORDON, JEFFREY A | | | TITLE | PRESIDENT |
| STREET ADDRESS | 933 MACARTHUR BOULEVARD | | | NAME | Maureen Richards |
| CITY-ST-ZIP | MAHWAH, NJ 07430 | | | STREET ADDRESS | 933 MacARTHUR BLVD., MAHWAH, NJ 07430 |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | | TITLE | VICE PRESIDENT |
| NAME | WILSON, MARY BETH | | | NAME | Timothy Garahan |
| STREET ADDRESS | 3201 W. ROYAL LANE | | | STREET ADDRESS | 67 MILLBROOK ST., WORCESTER, MA 01608 |
| CITY-ST-ZIP | IRVING, TX 750141269 | | | CITY-ST-ZIP | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | | TITLE | SECRETARY |
| NAME | RICHARDS, MAUREEN | | | NAME | Michael Lynch |
| STREET ADDRESS | 933 MACARTHUR BOULEVARD | | | STREET ADDRESS | 933 MacARTHUR BLVD., MAHWAH, NJ 07430 |
| CITY-ST-ZIP | MAHWAH, NJ 07430 | | | CITY-ST-ZIP | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete | | TITLE | |
| NAME | SCHILLING, ROBERT K | | | NAME | |
| STREET ADDRESS | 933 MACARTHUR BOULEVARD | | | STREET ADDRESS | |
| CITY-ST-ZIP | MAHWAH, NJ 07430 | | | CITY-ST-ZIP | |
| TITLE | AS | <input type="checkbox"/> Delete | | TITLE | |
| NAME | GALAMTE, ANDREA | | | NAME | |
| STREET ADDRESS | 3201 W. ROYAL LANE | | | STREET ADDRESS | |
| CITY-ST-ZIP | IRVING, TX 750141269 | | | CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | |
| NAME | SCHUBACK, MARC G | | | NAME | |
| STREET ADDRESS | 933 MACARTHUR BOULEVARD | | | STREET ADDRESS | |
| CITY-ST-ZIP | MAHWAH, NJ 07430 | | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ | | | TIMOTHY GARAHAN | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |
| | | | MAY - 4 2005 | | |
| | | | Daytime Phone # | | |

VICE PRESIDENT