

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000044878

1. Corporation Name

TAURUS SHOES, CORP.

Principal Place of Business

551 NW 26 ST
MIAMI FL 33127

Mailing Address

551 NW 26 ST
MIAMI FL 33127

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

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

05/04/2000

5. FEI Number

65-1104257

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
PD	NIETO, GABRIEL	21407 N.W. 39TH AVE.	MIAMI FL 33193
			200004717522--7
			-12/10/01--01116--002
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

NIETO, GABRIEL
21407 N.W. 39TH AVE.
MIAMI FL 33055

9. Name and Address of New Registered Agent

Name Erick Vargnes
Street Address (P.O. Box Number is Not Acceptable)
1790 Wood 49 St.
Suite, Apt. #, Etc. Ste 217
City Hialeah
State FL Zip Code 33012

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.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/16/01

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

Date

10-16-01

Daytime Phone #

10F2

FILED

01 DEC -7 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




CR20040 (8/01)

20F2

TO: FLORIDA DEPARTMENT OF STATE

REF: TAURUS SHOES, CORP.

WE AT THESE TIME ARE SENDING THE PAYMENT OF THE CORP "TAURUS SHOES,
CORP.DOCUMENT# P00000044878, WE HAD MOVE ADDRESS SO THATS WHY WE NEVER
RECEIVETHE FIRST PAPERS, ALSO THE PREVIOUS ADDRESS THAT YOU HAD THERE WAS
INCORRECT, THE NEW ADDRESS IS 551 NW 26 ST MIAMI, FL 33127, I APOLOGIZED FOR THE
DELAY AND THE INCONVINIENCE, IF YOU HAVE ANY QUESTION FEEL FREE TO CALL ME
AT 305-576-3226. THANK YOU.


GABRIEL NIETO
PRESIDENT