PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEMI				Secretar	TMENT OF ST y of State ORPORATIONS	TATE		10	FEB 2:	error e) 111: 13	
DOCUMENT # P00000089971 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA					
MILAN SHOES INC.													
Principal Office Address - No P.O. Box # 3. Mailing Office Address								500170575195 02/25/1001037024 **458.75					
3575 NE 207 ST				3575 N	3575 NE 207 ST				CR2E0	81 (11/09)			
Suite, Apt. #	t, etc.			1	Suite, Apt. #, etc				0			····	
2B 2B								Date Incorporated or Qualified To Do Business in Florida 9/25/2000					
City & State AVENTURA, FL				City & State AVENT	URA, I	1		5. FEI Number App			Applied For Not Applicable		
33180	Country USA		^{Z_{ip}} 33180		Country USA		6. CERTIFICATE OF STATUS DESIRED		\$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent													
Name DAVID MIZRACHI								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not					
Street Address (P.O. Box Number is Not Acceptable)													
3575 NE 207 ST Suite, Apt. #. Etc													
2B								received and requesting the reinstatement fee be waived.					
AVENTURA, FL State Zip Code 33180													
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 0505 or 617 0503, F.S.													
Signature of Registered Agent									Date				
9. Names	and Street Ad	dresses	of Each Office	and/or Director (Flo	onda nonpro	fit corporations mus	it list at lea	ast 3 directors)					
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip				
Р	DAVID MIZRACH			CHI	3575 NE 207 ST			AVENTURA, FL 33180			33180		
REINSTATEMENT											MARKET IVI		
	RH											-	
							<u> </u>						
10. E-mail Address; CPA1040@AOL.COM (To be used for future annual report notification)													
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. I further certify, 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: Date Daytime Phone #												THE STREET	