PLEASE READ A_IN_RUCTIONS BEFORE COMPLE_IG_HIS FORM.

FILED

03 APR 18 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000102121

1. Corporation Name

American Shoe Liquidators, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
304 Eastleigh Drive	304 Eastleigh Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Belleaire, FL	City & State: Belleaire, FL
Zip: 33756 Country:	Zip: 33756 Country:

4. Date Incorporated or Qualified To Do Business In Florida 10/31/2000

5. FEI Number 651059245 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required For Certificate of Status

7. Name and Address of Current Registered Agent

Name: Kathryn Marrero

Street Address (P.O. Box Number is Not Acceptable): 304 Eastleigh Drive

Suite, Apt. #, Etc.:

City: Belleaire | State: FL | Zip Code: 33756

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Kathryn M Marrero Date: 4/15/03

REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Orlando Marrero	304 Eastleigh Drivr	Belleaire, FL 33756

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10. 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: Orlando Marrero 4/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 4/18