

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 25 PM 3:37

DOCUMENT # P00000106188

1. Corporation Name Shoe Source USA, INC.

2. Principal Office Address

1850 NE 207th St

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33179

Country

USA

3. Mailing Office Address

1850 NE 207th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33179

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-14-2000

5. FEI Number

65-1062161

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Labib Baltagi, CPA

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

701 NE 125th Street

Suite, Apt. #, Etc.

City

North Miami, FL

State

FL

Zip Code

33161

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

Labib Baltagi

Date

3/22/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	Khan, Sohail	3340 S. University Dr.	Miramar, FL 33025
DVT	Malik, Wagas	3340 S. University Dr.	Miramar, FL 33025

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)(l), 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:

Labib Baltagi CPA

3/22/02

305-895-3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

March 22, 2002

TO: Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

From: Shoe Source USA, INC.  
1850 NE 207<sup>th</sup> Street  
Miami, FL 33179

Re: Corporation Reinstatement for "Shoe Source USA, INC." EIN# 65-1062161

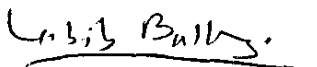
To Whom It May Concern:

Per our telephone conversation about the corporation reinstatement please find attached:

- 1 Reinstatement form
- 2 Check for \$300

This delay was due to non-receipt of the Uniform Business Report. Please feel free to call me at 305.895.3011 if I could be of any further assistance.

Sincerely,

A handwritten signature in dark ink, appearing to read "Labib Baltagi", with a horizontal line drawn underneath it.

Labib Baltagi CPA