

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 29 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000024574

1. Corporation Name

Footmart USA II, Inc.

600008671216
10/29/02--01102--013 **150.00

2. Principal Office Address

18030 NW 27th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1065 W. Hallandale Beach Blvd.

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33056

Country

USA

City & State

Hallandale FL

Zip

33009

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1083290

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

Esther Saig

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

1065 W. Hallandale Beach Blvd.

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	Esther Saig	1344 Ginger Circle	Weston, FL 33326
✓	David Saig	1344 Ginger Circle	Weston, FL 33326

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(2)(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

Daytime Phone #

954-458-5150

October 23, 2002

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

Re: Sneaker City, Inc. - EIN 65-0410804
Footmart USA, Inc. - EIN 65-0885528
Footmart USA II, Inc. EIN 65-1083290
Form: UBR-1
Period: 2002

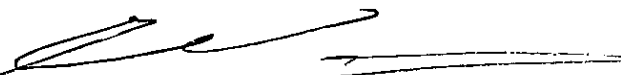
Dear Sir or Madam:

Attached please find the completed applications for reinstatement of the above-mentioned corporations along with the appropriate UBR filing fees.

Please be advised, we did not receive the two prior UBR notices and therefore we respectfully request the reinstatement fees be waived.

Please contact me with any further questions regarding this matter.

Very truly yours,



David Saig,
Officer

Cc: Jay Shapiro & Assoc's, PA