PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 OCT 29 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 02MW05

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000024574

600003671216
10/29/02--01102--013 **150.00

1. Corporation Name
Footmart USA II, Inc.

2. Principal Office Address	3. Mailing Office Address
18090 NW 27th Ave.	1065 W. Hallandale Bch. Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Hallandale FL
Zip: 33056 Country: USA	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 _____ Date _____
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
Pres	Esther Saig	1344 Ginger Circle	Weston, FL 33326
V	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(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: _____ _____ 954-458-5150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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