

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

06 JAN -4 PM 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500062627619
01/04/06--01017--008 **450.00

REINSTATEMENT 04-05

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO1000024574</u> 1. Corporation Name <u>FOOT MART USA II, INC</u>	
2. Principal Office Address <u>18020 NW 27th Ave</u> Suite, Apt. #, etc. City & State <u>MIAMI, FL</u> Zip Country <u>33056 MIAMI-DADE</u>	3. Mailing Office Address <u>1065 W. Hallandale Bch Blvd</u> Suite, Apt. #, etc. City & State <u>Hallandale, FL</u> Zip Country <u>33009 Broward</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>3/05/2001</u>	5. FEI Number <u>65-1083290</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name <u>Esther Saig</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>146 Dockside Circle</u>		
Suite, Apt. #, Etc. 		
City <u>Weston</u>	State <u>FL</u>	Zip Code <u>33327</u>

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 <u>[Signature]</u>	Date <u>12/28/05</u>
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
P	Esther Saig	146 Dockside Circle	Weston, FL, 33327
V	DAVID Saig	146 Dockside Circle	Weston, FL, 33327

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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>12/28/05</u>	Daytime Phone # <u>954-458-5150</u>

20f2

FOOTMART USA II, INC
18020 N.W. 27TH AVENUE
MIAMI, FL 33058
TEL: (305) 623-0048
FAX: (305) 623-4415

December 28th 2005

To: Corporation Reinstatement

Document# P01000024574

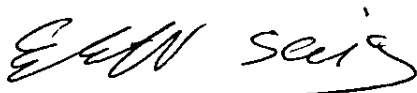
SUBJECT: FOOTMART USA II, INC/ REINSTATEMENT

To whom it may concern,

Our company is submitting this reinstatement form. Due to the fact we just found out that the company was dissolved back in October of 2004. As we search our records we show no indication of ever receiving any past or current reinstatement letter for the following years 2004, 2005, 2006.

We are asking that you do waive the reinstatement fee as we are sending a check in the amount of \$450.00 to bring our corporation account up to date. Thank you.

Sincerely yours,



Esther Saig
V.P.