

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV 13 PH 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026779

1. Corporation Name

STRIDE RITE, INC.

Principal Place of Business

Mailing Address

626 WEST GORE STREET
ORLANDO FL 32805

10530 Rosemary dr
Bonita Springs FL
34135



500008955605
11/13/02--01019--001 **158.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/2001

5. FEI Number

593703528

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JIVANI, SOHIL N	626 WEST GORE STREET	ORLANDO FL 32805
STD	HAFAEZ, REEMATOL N	626 WEST GORE STREET	ORLANDO FL 32805

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

SOHIL - Jivani

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

10530 Rosemary dr

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

CR2E040 (8/02)

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

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Nov 7th 2002

11. 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:

SIGNATURE REQUIRED

Nov 7th 2002 407-252-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

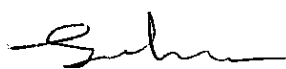
To : State of Florida Division of Corporations
Tallahassee FL.

From : Stride Rite Inc - PO1000026779
626 W. Gore st
Orlando FL

RE : Request to waive Reinstatement Fees
for corporation UBR

Dear Sir,

We Stride Rite Inc is requesting your office
to kindly waive the Reinstatement fee as we
did not receive the two prior uniform business
separt [UBR] notices. If you have any
questions please call Mr Jivani [myself]
at 407 252 5300.



President of Stride Rite inc

P.T.O