

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 12

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000075782

1. Corporation Name

C.M.K. SHOES, INC.

Principal Place of Business

Mailing Address

2601 NW 6TH AVENUE
MIAMI FL 33127
US

2601 NW 6TH AVENUE
MIAMI FL 33127
US

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

2. New Principal Office Address, If Applicable

11610 S.W. 26 CT
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11610 S.W. 26 CT
Suite, Apt. #, etc.

City & State

Davie FL

City & State

Davie FL

Zip

33330

Country

USA

Zip

33330

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/2001

5. FEI Number

65-1134326

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	CAPORICCI, DOMENICO	2601 NW 6TH AVENUE	MIAMI FL 33127
pres.	SAGER, KENNETH D	2601 NW 6TH AVENUE	MIAMI FL 33127
STD	PILARTE, MIGUEL E	2601 NW 6TH AVENUE	MIAMI FL 33127

REINSTATEMENT

13 TS

8. Name and Address of Current Registered Agent

MARKS, FRANK M
2701 SW 3RD AVENUE
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name Kenneth D. Sager

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

11610 S.W. 26 CT

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33330

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 OF REGISTERED AGENT
REGISTERED AGENT MUST SIGN

Date

10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03

CR2E040 (7/03)

page 2

C.M.K. SHOES, INC.
11610 S.W. 26TH COURT
DAVIE, FLORIDA 33330

October 13, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 3314

Re: C.M.K. Shoes, Inc.
Document #P01000075782
Old address: 2601 N.W. 6th Ave.
Miami, Florida 33127

Gentlemen:

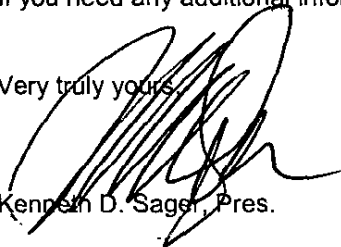
Please be advised that we were having problems receiving mail at our previous address because of multiple businesses at the same location.

We are informing you that the prior UBR notices were never received.

We are enclosing our check for \$185, which represents \$150 for the annual filing fee and \$35 to change the registered agent.

If you need any additional information, please do not hesitate to contact me.

Very truly yours,



Kenneth D. Sager, Pres.

Enclosures
Certification Number: 70012510000004567169