

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P01000087436

1. Corporation Name

MASTER SHOE OUTLET, INC.

Principal Place of Business

3300 UNIVERSITY DR., STE. 525  
CORAL SPRINGS FL 33065

Mailing Address

3300 UNIVERSITY DR., STE. 525  
CORAL SPRINGS FL 33065

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

2. New Principal Office Address, If Applicable

544 N W 26th St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

544 N W 26th St.

Suite, Apt. #, etc.

City & State  
Miami, FL

Zip Country

33127

City & State  
Miami, FL

Zip Country

33127

4. Date Incorporated or Qualified  
To Do Business in Florida

08/31/2001

5. FEI Number

65-1138854

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| PD            | KANG, TAE H                               | 1662 MAPLE ST.   | FORT LEE NY 07024       |
| D             | KANG, JOHGYE                              | 1662 MAPLE ST.   | FORT LEE NY 07024       |
| D             | KANG, EUGENE                              | 1662 MAPLE ST.   | FORT LEE NY 07024       |
| D             | KANG, YOO S                               | 1662 MAPLE ST.   | FORT LEE NY 07024       |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

ENRICH, RICHARD  
3300 UNIVERSITY DR., STE. 525  
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name Tae H. Kang  
Street Address (P.O. Box Number is Not Acceptable)  
544 N W 26th St.  
Suite, Apt. #, Etc.

City Miami State FL Zip Code 33127

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 X **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/4/2002

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**  
Tae H. Kang  
President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/2002

Date

Daytime Phone #

CH2E040 (8/02)