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PLEASE REAL	ALL INST	RUCTION:	S REPORE C	OMPLETI	ING THIS FORM.	. '2 / 8 0	
APPLICATION APPLICATION	FLORIDA	FLORIDA DEPARTMENT OF STATE		ļ	APPHOVEC	<u> </u>	
FOR	₽ ¥	Sandra B. Mortham		AND			
REINSTATEMENT	37	Secretary of State			FILEO		
TENOTALINET	DIV	DIVISION OF CORPORATIONS					
DOCUMENT # P02000019898				04 NOV 10 AM 9: 26			
1. Corporation Name				oro	PLATE 20 VONTE		
ANN'S SHOES, TAC.			SECRETARY OF STATE FALLAHASSEE, FLORIDA				
				17 Marina	# 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
Principal Place of Business 4397 W 16 Ave		Mailing Address 4397 W 16 Ave		·			
•		eah, Fl. 33012		1			
		े हैं। इं:					
				BEINS	TATEMEN	TOU	
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable		formation and enting Office Address.		4 Date locom	orested or Qualified	- Inner	
6850 SW 24 Street 6850 SW 24 Str			4. Date Incorporated or Qualified To Do Business in Florida 2/21/2002				
Suite, Apt. #, etc. Suite, Apt. #, etc. #205			5. FEI Numbe		Applied For		
City & State Miami, Florida	City & State	iami, Fl	lorida		2-0558697	Not Applicable	
Zip Country USA	Zip	Cou	ntry	6. CERTIFICAT	E OF STATUS DESIRED	.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer a	3315		USA orations must list at le	ast 3 directors)			
Name of Officers	10.01	:	Street Address of Each Officer and/or Directo	h	Cin. / C	Mana / 7%	
Title(s) and/or Directors			Use Post Office Box		4	State / Zip	
P/D Rufino J. Sanch	nez	6850 SV	W 24 St #2	205	Miami,Fl. 33	3155	
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Juliana Jimenez 4397 W 16 Ave.			16 Ave.	Hialeah,Fl. 33012			
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				11/17/0	10428409 401061017	**150.00	
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	.10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				1		
8. Name and Address of Curre	nt Hegistered Age	nt :	Name	9. Name and Address of New Registered Agent			
Juliana Jimenez				Rufino J. Sanchez Street Address (P.O. Box Number is Not Acceptable)			
4397 W 16 Ave		•	6850	6850 SW 24 St.			
Hialeah, Fl. 33012 Suite Apt. #. Etc. #205			2.				
			City	· · · · · · · · · · · · · · · · · · ·	State		
10. I, being appointed the registered agent of the	above named corpo	ration, am familia	Miami r with and accept the c		FL tion 607.0505, F.S.	33155	
Signature of	1				11/0/04		
Registered Agent Teafine V 30	REGISTERED AG	ENT MUST SIGN			Date 11/8/04		
11. Does this corporation pay	/ anv intano	ible tax to	the	· · · · · · · · · · · · · · · · · · ·	(See other si	de for information	
Dept. of Revenue under	S. 199.032,	Florida Sta	atutes. Yes	□ No[ingible tax.)	
-				provided to the -b-	notor 607 or 617 E.S. 15	and the that is for Ellins	
12. I certify that I am an officer or director or the rethis reinstatement application, the reason for dowed by the corporation have been paid and to	issolution has been	eliminated, the co	rporate name satisfies	the requirements	of section 607.0401 or 617.0	0401, F.S., that all fees	
on this application is true and accurate, and m					der section 113.07(3)(i), P.S.	THE INIOTHAGOT RIGICATED	
					(Bor)	

Rufino J. Sanchez(Pres) 11/8/04

Daytime Phone #

ANN'S SHOES, INC. 6850 SW 24 STREET, STE #205 MIAMI, FLORIDA 33155

October 21, 2004

Division of Corporation Uniform Business Report P.O. Box 1500 Tallahassee, Fl 32302-1500

Gentlemen:

This letter is to inform you that we never received the original forms for Annual Report to be file before May 1st, 2004 and neither the Note of Dissolution, because on the first months of year 2004 we were traveling in and out of Miami for business purposes, and must of our correspondence were lost in the mail. As you can see we change our address because we move our offices.. I will appreciate very much if you accept our check in the amount of \$ 150.00 as payment of the Corporation Uniform Business Report for year 2004.

I thank you for your cooperation to resolve this matter.

Sincerely your:

President