

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P02000074026**

1. Corporation Name

**AGUIFOOTWEAR, INC.**

Principal Place of Business

7105 SW 132 CT  
MIAMI FL 33183

Mailing Address

7105 SW 132 CT  
MIAMI FL 33183

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

07/08/2002

5. FEI Number

03-0470018

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
PTS	AGUIRRE, WILBER	7105 SW 132 CT	MIAMI FL 33183
VD	AGUIRRE, WILBER	7105 SW 132 CT	MIAMI FL 33183

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AGUIRRE, WILBER  
7105 SW 132 CT  
MIAMI FL 33183

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 2-11-04

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:

WILBER AGUIRRE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04 305-298-3442

Date

Daytime Phone #

CR2E040 (7/03)

AGUIFOOTWEAR, INC.

7105 S.W. 132 CT., MIAMI, FL. 33183  
TEL: 305-298-3442 FAX: 305-380-8536  
EMAIL: AGUIFOOTWEAR@AOL.COM

February, 11 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

To Whom It May Concern at the Division of Corporations:

~~Attached is the completed application for reinstatement and a check for the UBR filing~~  
fee. I have been having a problem with the incoming mail and have not received the two  
prior UBR notices. As a matter of fact I just received the attached application. It seems  
extreme but it is true. This was the first year I had to do a UBR and not aware I had to do  
one since I had not received the prior notices. I ask that you please excuse this and  
immediately send me a form for the UBR of 2003.

Sincerely,



Wilber Aguirre  
As President