PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -3 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000093944

1. Corporation Name
CONTINENTAL SHOES, INC.

2. Principal Office Address	3. Mailing Office Address
770 N.E. PALM BAY LANE	
Suite, Apt. #, etc.: 4F	Suite, Apt. #, etc.:
City & State: MIAMI, FLA.	City & State:
Zip: 33138 Country: U.S.A.	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 08-29-2002

5. FEI Number: 61-1426400 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: MIGUEL GOARIAS
Street Address (P.O. Box Number is Not Acceptable): 770 N.E. PALM BAY LANE
Suite, Apt. #, Etc.: 4F
City: MIAMI State: FL Zip Code: 33138

09/03/04--01050--001 *300.00
900040809879
09/03/04--01050--001 *300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of Registered Agent: Miguel Gorrias (REGISTERED AGENT MUST SIGN) Date: 7/8/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MIGUEL GOARIAS	770 N.E. PALM LANE	MIAMI, FL. 33138
SD	JOSE PITA LORENZO	770 N.E. PALM LANE	MIAMI, FL. 33138

10. 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: Miguel Gorrias PRESIDENT 7/8/04 (305) 586 7815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

Block 1 Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.

Block 2 Type or print principal office address in Block 2.

Block 3 Type or print the mailing address in Block 3. (NOTE: Annual reports will be mailed to the last known mailing address. Reports are not mailed to the registered office address.)

Block 4 Enter the date of incorporation or qualification for this corporation.

Block 5 Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-1040 for FEI assistance.

Block 6 Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional $8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.

Block 7 Enter name of the registered agent and/or address. (The registered office address must be a Florida street address.)

Block 8 The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0803, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b), F.S. If the registered agent does not sign, the application will be rejected.

Block 9 Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.

Block 10 This report must be signed by an officer or a director of the corporation that is listed in Block 9 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES:

	PROFIT CORPORATION	NON-PROFIT CORPORATION
Reinstatement Fee	$800.00	$175.00
Annual Report Fee	$ 61.25 (for each year dissolved)	$ 61.25 (for each year dissolved)
Corporate Supplemental Fee (Profit Corporations only)	$ 88.75 (for each year dissolved 1992 forward)	N/A
Minimum Amount Due	$750.00	236.25

Fees to Reinstate* Effective January 1, 2004

YEAR DISSOLVED	PROFIT CORPORATION	NON-PROFIT CORPORATION
1994	$2,250.00	$648.75
1995	2,100.00	787.50
1996	1,950.00	728.25
1997	1,800.00	665.00
1998	1,650.00	603.75
1999	1,500.00	542.50
2000	1,350.00	481.25
2001	1,200.00	420.00
2002	1,050.00	358.75
2003	900.00	297.50
2004	750.00	236.25

*If dissolved prior to 1994, call 850-245-6059 for filing fee information.

*Add additional $8.75 for each certificate of status requested.

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

Courier Service Address:
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Internet Address:
http://www.sunbiz.org

(850) 245-6059

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

July 7, 2004

Corporation Reinstatement
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir:

I am writing to you in order to Reinstate my corporation. I did not received the Annual Report for the years 2003, 2004 because I had moved and the U.S. mail did not forwarded to my new address.

Enclosed you will find a check in the amount of $300.00 for the Annual Fee for the years 2003 and 2004.

Respectfully submitted,

Miguel Gorrias
President