

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 24 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000110634**

1. Corporation Name

**SHOE OUTLET GROUP, INC.**

Principal Place of Business

Mailing Address

**5752 W. FLAGLER  
MIAMI FL 33126**

**5752 W. FLAGLER  
MIAMI FL 33126**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/14/2002**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**54-2080337**

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FERNANDEZ, JULIO	5752 W. FLAGLER	MIAMI FL 33126
VD	FERNANDEZ, MITZY	5752 W. FLAGLER	MIAMI FL 33126

**200024092232**

**10/24/03 01068 001 \*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FERNANDEZ, JULIO  
5752 W. FLAGLER  
MIAMI FL 33126**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

**10-13-03**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-13-03 (301) 772-3254**

CR2E040 (7/03)

SHOE OUTLET GROUP  
5752 W. FLAGLER ST  
MIAMI FL 33144

I JULIO FERNANDEZ OWNER  
OF SHOE OUTLET OUTLET GROUP  
NEVER GOT ANY NOTICE IN THE MAIL  
NOR DID I KNOW THAT I HAD TO  
FILE AND PAY FOR CORPORATION REPORT/  
UNIFORM BUSINESS REPORT. NOT ONLY THAT  
WE NEVER OPEN UNTIL JAN OF 2003  
FOR BUSINESS. I WANT TO REINSTATE  
THE COMPANY AGAIN. I'M ALSO STATING  
THE PRIOR UBR NOTICES WERE NOT RECEIVED.

ANY QUESTIONS  
PLEASE CALL  
(305) 261-8385  
(305) 772-3254

Thank You  
OWNER/PRESIDENT  
