

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV -8 PM 4: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000037357

**1. Corporation Name**

BHENA'S FOOTWEAR, INCORPORATED

**2. Principal Office Address**  
61 N.E. 9th Street

Suite, Apt. #, etc.

**City & State**  
Miami, Florida

**Zip** 33132 **Country** USA

**3. Mailing Office Address**  
132 Minorca Avenue

Suite, Apt. #, etc.

**City & State**  
Miami, Florida

**Zip** 33134 **Country** USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/02/03

**5. FEI Number**

90-0154259

**Applied For**

**Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**  
Oscar Levin

**Street Address (P.O. Box Number is Not Acceptable)**  
1221 Brickell Avenue

**Suite, Apt. #, Etc.**  
21st Floor

**City** Miami

**State**  
FL

**Zip Code**  
33131

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

REGISTERED AGENT MUST SIGN

**Date**

**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
D	MOHAN (GLENN) LALL	61 N.E. 9th Street	Miami, FL 33132
D	BHENA LALL	61 N.E. 9th Street	Miami, FL 33132

**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)(l), 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:**

*Mohan Lall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

11-04-04

**Daytime Phone #**

CR2E081 (01/04)

**BHENA'S FOOTWEAR, INCORPORATED**

**132 Minorca Avenue  
Coral Gables, FL 33134**

November 4, 2004

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Bhena's Footwear, Incorporated  
Document Number: P03000037357

Dear Representative:

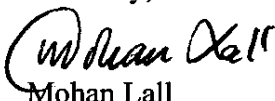
Enclosed please find a Corporate Reinstatement application for Bhena's Footwear, Incorporated for processing. We have also enclosed a check in the amount of \$150.00 to cover the filing fee for the 2004 Uniform Business Report. We respectfully request the waiver of the reinstatement fee due to the fact that a request for payment of the Annual Report was not received.

Please note that the new mailing address for Bhena's Footwear, Incorporated is:

**132 Minorca Avenue  
Coral Gables, FL 33134**

If you have any questions or require additional information regarding this matter, please do not hesitate to contact Grizel Gil at 305 441-1012 ext. 235.

Sincerely,

  
Mohan Lall