

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 25 PM 3:06

DOCUMENT # P07000055076

1. Corporation Name

APA SHOE CORPORATION

2. Principal Office Address - No P.O. Box #

149 W. 21 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2171 SW 21 STREET

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33010

Country

USA

Zip

33145

Country

USA

7. Name and Address of Current Registered Agent

Name

PEDRO E LOPEZ

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

2171 SW 21 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

4. Date Incorporated or Qualified
To Do Business in Florida 10/1/2007

5. FEI Number
06-1834458

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Pedro E. Lopez

REGISTERED AGENT MUST SIGN

Date 1/30/2010

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
P	PEDRO E LOPEZ	2171 SW 21 STREET	MIAMI, FL 33145

10. E-mail Address: AAASHOES399@BELLSOUTH.NET

(To be used for future annual report notification)

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. I further certify, 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:

Pedro E. Lopez

PRESIDENT

1/30/2010

305-887-4707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

600169565616
02/18/10--01015--009 **150.00
CR25081 (1109)
REINSTATEMENT 09-10

600169565616
05/25/10--01007--004 **158.75

KS