


FROM : EVAN family

FAX NO. :

Mar. 03 2009 09:10PM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

09 MAR 10 AM 8:13

DOCUMENT # P07000110839

1. Corporation Name

FRANK'S SHOE REPAIR & MISC. INC.

W09-3052

000145664000
03/12/09--01029--009 **550.00
REINSTATEMENT
 CR2E081 (12/08)

08-09KS

2. Principal Office Address - No P.O. Box # 281 S.E. Monterey Rd		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Stuart, FL 34994		City & State	
Zip 34994	Country	Zip	Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For
☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name LINDA LAMPMAN		
Street Address (P.O. Box Number is Not Acceptable) 1181 S.W. HALEYBERRY AVE		
Suite, Apt. #, Etc.		
City Port St. Lucie	State FL	Zip Code 34953

☒ 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 Linda Lampman
 REGISTERED AGENT MUST SIGN

Date 3-4-09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	GLORIA EVAN	151 GLENWOOD DR	Port St. Lucie FL 34953

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 contained in Chapter 119, 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 Gloria Evan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Date 03/05/09
 Daytime Phone #