PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				10 FEB 15 PM 2: 40			
DOCUMENT # P08000083529 1. Corporation Name									ALLAHASSEE, FLORIDA		
BRIGHT SHOES COMPANY									09-10 REINSTATEMENT		
					3. Mailing Office Address 1733 W WATERS AVE				CR2E081 (11/09)		
Suite, Apt. #, etc. 1317					Suite, Apt. #, etc. 1317				Date Incorporated or Qualified To Do Business in Florida 9/11/2008		
City & State TAMPA FLORIDA					City & State TAMPA	FLOF	,		5. FEI Numbe	5. FEI Number Applied 26-3335423 Not App	
^{Zip} 33614	Country USA			33614		USA	•	6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional F for a Certificate		
Name RIGOBERTO REINA Street Address (P.O. Box Number is Not Acceptable) 4733 W WATERS AVE Suite, Apt. #, Etc. 1317 City TAMPA						State Zip Code FL 33614			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 REGISTERED AGENT MUST SIGN Date											010
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le											
Titles Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo					City / State	/ Zip	
Р	RIGOBERTO REINA				4733 W WATERS AVE			SAVE	APT 1317 TAME	PA FLORIDA	
						## ###################################			- 102/15	10168793104 1030.00	
										M. MILLIGAN EXAMINER	
										FEB 1 6 2010	
10 =			nain a Grant	ac =:				,			
			reina@yah					for future annual repo			
this rein	statement ap the corporati	plication,	the reason for	r dissol	ution has been	eliminated,	the cor	porate fiarne satisfies	the requirements	apter 607 or 617, F.S. I further or of section 607.0401 or 617.0401 d my signature shall have the sa	, F.S., that all fees
l.	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT									2/10/2010	8138505466
			SIGNATURE	AND T	YPED OR PRINT	ED NAME O	r SIGNI	IG OFFICER OR DIREC	IUK	Date	Daytime Phone #