

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 13 PM 3:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **709478**

1. Corporation Name

Marty Shoes, Inc.

2. Principal Office Address

60 Enterprise Ave. N.

Suite, Apt. #, etc.

3. Mailing Office Address

60 Enterprise Ave. N.

Suite, Apt. #, etc.

City & State

Secaucus NJ

Zip

07094

Country

U.S.

City & State

Secaucus NJ

Zip

07094

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

March 20, 1986

5. FEI Number

22-2031150

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

ROBERT SCHMIDT

800003856778

03/16/01--01105-035

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

C/O Dolphin Mall, 11401 N.W. 12th Street

Suite, Apt. #, Etc.

Space # 450

City

Miami

State

FL

Zip Code

33172

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

Robert Schmidt

REGISTERED AGENT MUST SIGN

Date **3/8/01**

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	Mal Yong Chun	P.O. Box 1120	Alpine, NJ 07620
T	Paulette Purcar	2 Pell Farm Road	Saddle River, NJ 07458

REINSTATEMENT

1987-01
gm

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)(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:

President

3/8/01

Date

201-319-0500

Daytime Phone #