

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P32703

Corporation Name

MIA SHOES, INC.

Principal Place of Business

Mailing Address

258 Chapman Road  
Suite 100  
Newark DE 19702

Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below

1. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/5/91

5. FEI Number

51-0156932

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

| 1. Title(s) | 2. Name of Officers<br>and/or Directors | 3. Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4. City / State / Zip |
|-------------|---|--|-----------------------|
| VP          | NEIL STRAUSS                            | 258 Chapman Road, Suite 100  | Newark DE 19702       |
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REINSTATEMENT 98-49 TS

8. Name and Address of Current Registered Agent

CT Corporation System  
1200 S. Pine Island Road  
Plantation FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

I, being appointed the registered agent of the above named corporation, am familiar with and hereby certify of Section 607.0505, F.S.

Signature of  
Registered Agent

*Victory Goldstein*  
REGISTERED AGENT MUST SIGN

**VICTORY GOLDSTEIN**  
**SPECIAL ASSISTANT SECRETARY**

Date

12/1/99

This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil Strauss, VP

1/3/2000

Date

Daytime Phone #

302 454 8500