

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -4 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32703

1. Corporation Name

Mia Shoes, Inc.

2. Principal Office Address

9985 NW 19TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

USA

3. Mailing Office Address

9985 NW 19TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1991

5. FEI Number

510156932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Bonnie A. Schuman

REGISTERED AGENT MUST SIGN

Date October 27, 2004

Bonnie A. Schuman, Assistant Secretary

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	RICHARD STRAUSS	690 HARBOR DR	KEY BISCAVNE, FL 33149
VP	NEIL STRAUSS	1520 SPRUCE ST #600	PHILADELPHIA, PA 19102
VP	JOSEPH ANGELINI	30 PALO LN	NEWARK, DE 19702

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:

Neil Strauss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil Strauss

10/29/04

Date

302-454-8500

Daytime Phone #