2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P37408

COLEMAN, S

48 WEST 38TH ST

NEW YORK, NY 10018

Name:

Address:

City-St-Zip:

Entity Name: GOLD TOE STORES INC

FILED Oct 25, 2006 Secretary of State

y		E OTORLO IIVO.		
Current Principal Place of Business:			New Principal Place of Business:	
8TH FL	H STREET RK, NY 10018	US		
Current Mailing Address:			New Mailing Address:	
8TH FL	H STREET	US		
	: 22-3125042	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1201 HAYS SUITE 105	S STREET	ORPORATION SYSTEM INC. 11 US		
	named entity se of Florida.	ubmits this statement for the p	purpose of changing its registere	d office or registered agent, or both,
SIGNATUI	RE: DOREEN	F. WALLACE		
	Electron	ic Signature of Registered Ag	ent	Date
Election Car	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MARSAL, B. 48 N 38TH STR NEW YORI, NY		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () BERNICE, A 48 WEST 38TH NEW YORK, NY		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P () HOSKINS, JOHI 661 PLAID ST BURLINGTON, I		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	S ()	Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN S HOSKINS P 10/25/2006