PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 OCT 29 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 W62

DOCUMENT # P93000028069

1. Corporation Name

SNEAKER CITY, INC.

Principal Place of Business	Mailing Address
1065 W. HALLANDALE BCH BLVD HALLANDALE FL 33009	1065 W. HALLANDALE BCH BLVD HALLANDALE FL 33009

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/16/1993

5. FEI Number: 65-0410804 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. 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 and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SAIG, DAVID	1344 GINGER CIR	WESTON FL 33332

000003567127 0
10/29/02--01102--015 **150.00

8. Name and Address of Current Registered Agent

SAIG, DAVID
1344 GINGER CIR
WESTON FL 33332

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

CR2E040 (3/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent ____________ Date 10/22/02

REGISTERED AGENT MUST SIGN

11. 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: David Saig 10/22/02

Date Daytime Phone #

October 23, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sneaker City, Inc. - EIN 65-0410804
Footmart USA, Inc. - EIN 65-0885528
Footmart USA II, Inc. EIN 65-1083290
Form: UBR-1
Period: 2002

Dear Sir or Madam:

Attached please find the completed applications for reinstatement of the above-mentioned corporations along with the appropriate UBR filing fees.

Please be advised, we did not receive the two prior UBR notices and therefore we respectfully request the reinstatement fees be waived.

Please contact me with any further questions regarding this matter.

Very truly yours,

David Saig,
Officer

Cc: Jay Shapiro & Assoc's, PA