

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 OCT 29 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000028069

1. Corporation Name

SNEAKER CITY, INC.

Principal Place of Business

Mailing Address

1065 W. HALLANDALE BOY BLVD
HALLANDALE FL 330091065 W. HALLANDALE BOY 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

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0410804

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 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

00000000000000000000
10/29/02--01102--015 **150.00

RMS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAIG, DAVID
1344 GINGER CIR
WESTON FL 33332

Name of New Registered Agent

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/22/02

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)(f), 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

CR2009 (002)

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

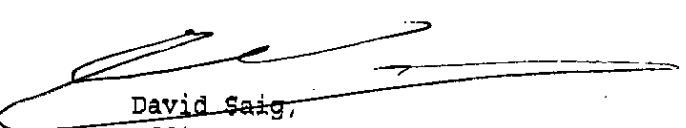
Dear Sir or Madam:

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