

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
06 JAN -4 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P930000 28069**

1. Corporation Name

**SNEAKER City Inc**

600062627726  
01/04/06--01017--010 \*\*450.00

2. Principal Office Address

**1065 W Hallandale Bch Blvd**

Suite, Apt. #, etc.

3. Mailing Office Address

**1065 W Hallandale Bch Blvd**

Suite, Apt. #, etc.

City & State

**Hallandale, FL**

Zip

**33009**

Country

**Broward**

City & State

**Hallandale, FL**

Zip

**33009**

Country

**Broward**

**REINSTATEMENT** CR25081 (8/05)

**04-06**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4/16/77**

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. Name and Address of Current Registered Agent**

Name

**DAVID SAIG**

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

**146 Dockside Circle**

Suite, Apt. #, Etc.

City

**Weston**

State

**FL**

Zip Code

**33327**

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

REGISTERED AGENT MUST SIGN

Date **12/28/05**

**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
PD	David Saig	146 Dockside Circle	Weston, FL 33327

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12/28/05 954-458-5750**

B. Mitchell JAN 5 2006

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**SNEAKER CITY, INC  
1065 W. HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009  
TEL: 954-458-5150  
FAX: 954-458-2722**

December 28<sup>th</sup> 2005

To: Corporation Reinstatement

Document# P93000028069

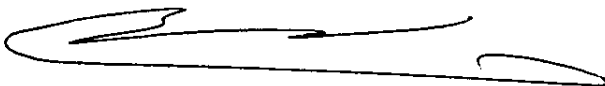
**SUBJECT: SNEAKER CITY, INC/ REINSTATEMENT**

To whom it may concern,

Our company is submitting this reinstatement form. Due to the fact that we just found out that the company was dissolved back in October of 2004. As we search our records we show no indication of ever receiving any past or current reinstatement letter for the following years 2004, 2005, 2006.

We are asking that you do waive the reinstatement fee as we are sending a check in the amount of \$450.00 to bring us our corporation up to date. Thank you.

Sincerely yours,



David Saig  
President