APPROVED
AND
FILED

APPLICATION FOR REINSTATEMENT 94 97

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

DO NOT WRITE IN THIS SPACE
1997 JUN 25 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P93000048329

FABULOUS SHOES INC.
100 S. BISCAYNE BLVD.
MIAMI - FLORIDA 33131

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address 500002225325 1
--06/27/97--01108--010

City and State ***1245.00 ***1245.00

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number		5. $8.75 Additional Fee required for a Certificate of Status
	65-0424097	☐ FEI Number Applied For ☐ FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P,S,T	ROBERTO MORALES	6850 S.W 49th St.	MIAMI - FLORIDA 33155

REINSTATEMENT 94-97 06/25/97

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent and/or Office

Name: ROBERTO MORALES

Street Address (Do NOT Use P.O. Box Number): 100 S. BISCAYNE BLVD.

Street Address (Do NOT Use P.O. Box Number)

City and State: MIAMI Fla. FL. Zip 33131

CR2E040 (8/92)

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

Signature of Registered Agent X [signature] REGISTERED AGENT MUST SIGN Date 06/18/97

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director X [signature] Date 06/18/97 Daytime Phone #

Typed or printed name of signing officer or director