

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**DOCUMENT #** P93000078242

**1. Corporation Name**

CARMEN SHOES OF SUNRISE INC.  
4309 FOX RIDGE DRIVE  
WESTON, FL 33331

**2. Principal Office Address**

4309 FOX RIDGE DRIVE

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

Zip

33331

Country

BROWARD

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/12/1993

**5. FEI Number**

65-0448379

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

CARMEN DAVILA

400003810874--8

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

4309 FOX RIDGE DRIVE

03/08/01-01002-010

\*\*\*1058.50 \*\*\*1058.50

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33331

**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

Carmen Davila

REGISTERED AGENT MUST SIGN

Date 02-20-2001

**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
P	CARMEN DAVILA	4309 FOX RIDGE DRIVE	WESTON, FL 33331

**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:**

Carmen Davila

CARMEN DAVILA 02-20-2001

954-584-6649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)