

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC -3 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030958

1. Corporation Name

SHOE SHOP, INC.

1996-1997 Annual Report

Principal Place of Business

Mailing Address

147 E OAKLAND PARK BLVD.
FT. LAUDERDALE, FL 33334

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

4/21/94

5. FEI Number

65-0485437

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	ANN TRANCHITA	147 E OAKLAND PARK BLVD	FT LAUD, FL 33334

600002367216--9
-12/03/97--01086--004
****365.00 ****365.00

12/5/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ELLIOT MEDOFF

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

1350 S POWERLINE ROAD

Suite, Apt. #, Etc.

106

City

POMPAHO BEACH

State

FL

Zip Code

33069

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/5/97

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., 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:

ANN TRANCHITA, Ann Tranchita

5/6/97

Date

Daytime Phone #

②

SHOE STOP, INC.

147 E. Oakland Park Blvd.
Ft. Lauderdale, Florida 33334

Telephone (954) 563-2322

May 5, 1997

To Whom It May Concern:

Please accept this letter and the attached Application for Reinstatement including a check for \$350.00 per telephone conversation with our C.P.A. and your office.

Please be advised that the company never received the Annual Filing Form and I was not aware that anything was required to be filed. Since this is the first business I have ever been involved with I am very unfamiliar with what is required and when it is due. There is no reason why I would have not filed the form if I knew it was due.

If you have any questions please contact me or my C.P.A. (Elliot Medoff (954) 968-3033).

Sincerely

Ann Tranchita

Ann Tranchita

As per your request 365.00