

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY -4 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069719

1. Corporation Name
NIZVET SHOES, INC.

2. Principal Office Address
590 NW 27th STREET

Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33127

Country
USA

3. Mailing Office Address
590 NW 27 STREET

Suite, Apt. #, etc.

City & State
MAIMI FL

Zip
33127

Country
USA

REINSTATEMENT 03-05
MAY 12 2005

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/28/1981

5. FEI Number 65-067 1531 Applied For
5813608 65-052 1531 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
MOTOLA, NIRMA

Street Address (P.O. Box Number is Not Acceptable)
590 NW 27 STREET

Suite, Apt. #, Etc.

City
MIAMI

State FL **Zip Code** 33127

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**

[Signature]

Date

REGISTERED AGENT MUST SIGN

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
DP	MOTOLA, NIRMA	590 NW 27 STREET	MIAMI FL 33127
DS	MOTOLA, ISAAC	590 NW 27 STREET	MIAMI FL 33127

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] 305571-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 9, 2005

Date

Daytime Phone #

CR2E081 (01/05)

2052

April 9, 2005

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

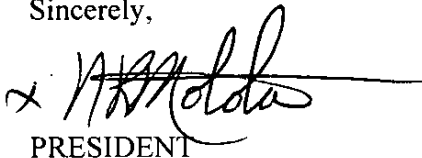
DOC. # **P94000069719** NIZVET SHOES, INC.
NEW ADDRESS: 590 NW 27TH STREET
MIAMI FL 33127

To Whom It May Concern:

This letter is in regards to the corporation annual report for the year 2003, 2004, 2005 according to ours records we never received an annual report for our corporation. We are filled out blank report to your department because we never received the original report. Please accept our apologies and accept this 450.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

x 
PRESIDENT