|  |   | BEFORE C  | COMPLETING THIS FORM  |
|--|---|---|---|
| APPLICATION O<br>FORQI<br>REINSTATEMENT  | FLORIDA DEPARTMEN<br>Sandra B, Mor<br>Secretary of S<br>DIVISION OF CORPOR  | NT OF STATE<br>tham<br>State  | AND<br>FILED<br>1998 JAN 12 FM 1: 47<br>SECKETARY OF STATE  |
| 1. Corporation Name<br>CASTILLO & FEINMAN FOOT CENTER, INC<br>NIC<br>Feinman Fcot Center Anc 122<br>Principal Place of Business<br>Mailing Address   |   | TALLAHASSEE, FLORIDA  |   |
| 4343 W FLAGLER ST ; SUITE 400<br>MIAMI, FL 33134<br>If above addresses are incorrect in any way, line through incorrect information and enter correction below.  |   |   | DO NOT WRITE IN THIS SPACE  |
| 2. New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable   |   | able  | 4. Date Incorporated or Qualified<br>To Do Business in Florida  |
| Suite, Apt. #, etc.  | te, Apt. #, etc. Suite, Apt. #, etc.  |   | 5. FEI Number Applied For   |
| City & State   | City & State  |   | 65-0539994 Not Applicable   |
| Zip Country  | Zip Countr  | у —   | 6.<br>CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required<br>for a Certificate of Status  |
| 7. Names and Street Addresses of Each Officer and/   | for Director (Florida nonprofit corpora                                     | ations must list at lea   | ast 3 directors)  |
| P/T BRIAN M. Feinn<br>VP/S Raul Del Cas  | Man Deerfie   | ·····   | T<br>FL 33442   |
| 8. Name and Address of Current Registered Agent  |   | Nama  | 9. Name and Address of New Registered Agent   |
| RAUL DEL CASTILLO  |   | Name<br>Street Address (  | P.O. Box Number is Not Acceptable)  |
| 2515SN 107th COURT<br>MIAMI, FL 33165  |   |   | P.O. Box Number is Not Acceptable)  |
|  |   | Suite, Apt. #, Etc  | ·.  |
| _  |   | City  | State Zip Code  |
| 10. I, being appointed the registered open of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.   Signature of Registered Apple |   |   |   |
| lease the Division of Corporations from any liabili<br>certify that I am an officer or director or the rece<br>this reinstatement application the reason for dis<br>fees owed by the corporation have been paid<br>under cath.   | ity of non-compliance with Section 1<br>iver or trustee empowered to execut | te this application as<br>reporate name satisf<br>plication is true and | by for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-<br>ent that the information supplied is deemed exempt from public access. I<br>s provided for in chapter 607 or 617, F.S. I further certify that when filing<br>ies the requirements of section 607.0401 or 617.0401, F.S., and that all<br>accurate, and my signature shall have the same legal effect as if made |

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