PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000063096

1. Corporation Name

MCM FOOTWEAR ENTERPRISES, INC.

Principal Place of Business

Mailing Address

331 CAMBRIDGE DRIVE FT-LAUDERDALE FL 33326 331 CAMBRIDGE DRIVE

FT-LAUDERDALE FL 33326

BUNGTATEMENT ()

FILED

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.						i fürita.	O IVI PIL	19-14.	<u> </u>	
				ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/15/1995				
Suite, Apt. #, etc. Suite, Apt. #,				etc.		5. FEI Numbe			Applied For	
Çity & State City & State				. 1		65-0611436 Not Applicable				
Weston			wes	<u> </u>		6.	<u> </u>		ditional Fee required	
Zip		Country	Zip	Cou	ntry	CERTIFICAT	E OF STATUS DESIRED		ertiticate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)	Name of Officers and/or Directors 2			(Street Address of Eac Officer and/or Directo Use Post Office Box	r	City / State / Zip			
tecutive	House	16. RODRI	Guez	331 CA	ublidge D	nive	Weston	FL	33326	
1										
J					***************************************	1	000020 -01/24/	1675 97010	715	
							****37	5 .0 0 ***	F**375.00	
								JBI-	22 97	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
					Name	Name				
	RIGUEZ, MAI				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
331 CAMBRIDGE DRIVE FT LAUDERDALE FL 33326					Suite Ant # Et	Suite, Apt. #, Etc.				
· . · · · · · · · · · · · · · · · · · ·					Sund, Apr. #, Lic.					
Weston					City			State Zip	Code	
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 Date 12/26/96 REGISTERED AGENT MUST SIGN										
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 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 Illing 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.										

12/26/96 (205/57/-506 o