PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR . REINSTATEMENT



FLORIDA DEPARTMENT OF Sandra B. Mortham Secretary of State

DOCUMENT #	P95000070487
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STEVE MADDEN, INC. Maling Address Maling Add	FOR Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						FILES			
Mailing Address Addres	1. Corpora	ation Name		00704	87	•	40 OE	f -2	gum	امدا
Suite, Apt. e, etc. City & State Country Country Country Country Name of Officer and/or Director (Florida nonprofit corporations must fist alleast 3 directors) Name of Officer and/or Director and/or Director (Florida nonprofit corporations must fist alleast 3 directors) Name of Officer and/or Director and/or Director (Florida nonprofit corporations must fist alleast 3 directors) Name of Officer and/or Director and/or Director (Florida nonprofit corporations must fist alleast 3 directors) Name of Officer and/or Director (Florida nonprofit corporations must fist alleast 3 directors) Street Address of Each Officer and/or Director (Florida nonprofit corporations must fist alleast 3 directors) Name of Officer and/or Director (Florida nonprofit corporations must fist alleast 3 directors) Name of Officer and/or Director (Florida nonprofit corporations of Name and Address of Name (Florida nonprofit corporation) Name Apt. e, etc. Name and Address of Name Address of Name Registered Agent PRINCIPLE App. e, etc. Name and Address of Current Registered Agent Suret Address of Name Registered Agent Name Registered Agent Name Registered Agent Registered Agent Name Registered Agent Reg	HOLINIE PORT E	PROAN-STREET DOO-FL-60081 FYEREMARK	S, BLOG B FRANCE	4051-SHERN SUFFE-600- HOLLYWOOD	AN STREET		TICINE			
S. FEI Number S. FEI Number			Address, If Applicable			If Applicable	4. Date Incom To Do Busi	Date Incorporated or Qualified To Do Business In Florida (0/13/1995)		
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must fist at least 3 directors) Name of Officers and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Street Address of Each On NOT Use Prest Office Box Numbers) D MADDEN, STEVE 465-18-18-18-18-18-18-18-18-18-18-18-18-18-					eic.		5. FEI Numbe	5. FEI Number		
Title(s) 2 and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City / State / Zp 5 City / State / Zp 6 City / State / Zp 7 City / State / Zp 6 City / State / Zp 7 City / State / Zp 7 City / Sp 8 City	Zip Country Zip		Zip	Country						
D. DIARIA, BRVIND 52-16-84-ENETT 4VE LONG 754ND CITY, NY IIIO 400102019344-3 -12/04/35-01053-015 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 *****383.75 ******383.75 ******383.75 ******383.75 ******383.75 ******383.75 ******383.75 ******383.75 ******383.75 ******383.75 ******383.75 ******383.75 ******383.75 *******383.75 *******383.75 *******383.75 ***********************************	Title(s)	Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)			City / State / Zip		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FENBERG, JEFTREY ***********************************	D DHARIA, BRVIND				LIC, WY 11104			LONG 754	MD CITY,	NY 1110
8. Name and Address of Current Registered Agent P. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. 8, Etc. City State Zio Code FL Ignature of egistered Agent REGISTERIPD AGENT MUST SIGN 1. Does this corporation pay any intangible tax to the Dept. of Revenue under \$ 199.032 Floridg Statutes On interspictures (See other side for information on interspicture)							40	-12/04/35-	-0105301 5	5
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apr. #, Etc. City State Zio Code FL Ignature of egistered Agent REGISTERED AGENT MUST SIGN 1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199 032 Florida Statutes. Ves. No. (See other side for information on intangible tax)									3	- 100 C
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apr. 8, Etc. City State Zip Code FL Ignature of egistered Agent REGISTERIO AGENT MUST SIGN 1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199 032 Florida Statutes. Ves. No. 100 (See other side for information on intangible tax)					Name	9. Name and	Address of New Register	ed Agent		
HOLLYWOOD FL 33021 City City State Zip Code FL January of egistered agent of the above named corporation, am familiar with and accept the purpositions of Section 607.0505, F.S. January of egistered Agent 1. Does this corporation pay any intangible tax to the Dept of Revenue Linder S. 199.032 Florida Statutes On intangible tax)	SUITE 350				ss (P.O. Box Number			8		
D. I, being appointed the registered agent of the above named corporation, am familiar with and accept the property of Section 607.0505, F.S. 1						Suite, Apt. #, Etc.				
1. Does this corporation pay any intangible tax to the Dept of Revenue under \$ 199.032 Florida Statutes Ves NA (See other side for information) on intangible tax	10. I, bein	a appointed th	e registered agent of the ab	ove named come	oration, am familiar	'	eralizations of Sacr		tate Zip Code	
Dent of Revenue under S. 199 032 Florida Statutes. Vac. NA / Scotting the tax) 300 100 100 100 100 100 100 100 100 100	Signature d	of .	A Vind	TUF		TOP!	The state of the s		71436 1148	
	11. Do	oes this o	corporation pay a evenue under S.	any intang 199.032,	ible tax to t Florida Sta	he tutes. Ye	es 🗆 N&Z			4.5亿元日长

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.; 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 fiese owed by the corporation have been paid and the names of individuals listed on this form do not quality 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 eath.