

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000070487**

1. Corporation Name

STEVE MADDEN, INC.

Principal Place of Business

**4061 CHERIDAN STREET
SUITE 300
HOLLYWOOD FL 33021**

Mailing Address

**4061 CHERIDAN STREET
SUITE 300
HOLLYWOOD FL 33021**

*PORT EVERGLADES, BLVD. A PARTNER
3400 McINTOSH RD. PORT JENNINGS
FL 33316*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED
96 DEC -2 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*mwb
12/3/96*

REINSTATEMENT 1996

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/13/1995	
City & State		City & State		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	MADDEN, STEVE	4061 CHERIDAN ST. SUITE 300 52-16 BARNETT AVE L.I.C., NY 11004	HOLLYWOOD FL 33021 Long Island CITY NY 11004
D	DHARIA, ARVIND	52-16 BARNETT AVE	LONG ISLAND CITY, NY 11004
			400002019344--3 -12/04/95-01053-015 ****383.75 ****383.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FENBERG, JEFFREY 4001 CHERIDAN ST. SUITE 300 HOLLYWOOD FL 33021		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL 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 *[Signature]* Date *11/3/96*

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 ☒ (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: *Arvind Dharia* **ARVIND DHARIA** 11/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CRS-040 (7/95)