

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 26 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069084

1. Corporation Name

shoe repair etcetera inc

2. Principal Office Address - No P.O. Box #

7040 w palmetto park rd

3. Mailing Office Address

7040 w palmetto park rd

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

boca raton florida

City & State

boca raton florida

Zip

33433

Country

usa

Zip

33433

Country

usa

900162143239
10/26/09--01006--021 **300.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

august, twentieth, 1996

5. FEI Number
65-0694020

Applied For

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

ulises calderon

Street Address (P.O. Box Number is Not Acceptable)

4215 nw 67 way

Suite, Apt. #, Etc.

City

coral springs

State
FL

Zip Code
33067

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ulises Calderon

Date 10-21-2009

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
p	ulises calderon	4215 nw 67 way	coral springs florida 33067
s	tania calderon	4215 nw 67 way	coral springs florida 33067

REINSTATEMENT

RH

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 contained in Chapter 119, 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:

Ulises Calderon
ulises calderon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10- 21-2009

Date

561-447-8711

Daytime Phone #