

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 OCT 18 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000010360**

1. Corporation Name

Fabulous Footwear Inc.

2. Principal Office Address

7050 S.W. 46 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

7050 S.W. 46 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

3315

Country

USA

REINSTATEMENT **P9-05 AR**

**4. Date Incorporated or Qualified
To Do Business in Florida -**

5. FEI Number

65-0816056

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

Pamela Garcia

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

7050 S.W. 46 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

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

[Signature]

Date **10-17-05**

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	Pamela Garcia	7050 S.W. 46 ST	Miami, FL 33155
V	Justin Garcia	7050 S.W. 46 ST	Miami, FL 33155

2000050122252
10/18/05--01071--017 **1050.00

OCT 24 2005

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-05

Date

305-661-998

Daytime Phone #

2/2



October 17, 2005

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Fabulous Footwear
P98000010360

To Whom It May Concern:

It seems that the above listed corporation became administratively dissolved due to non receipt of the renewals. I am enclosing a corporation reinstatement form and a check in the amount of \$1050.00 for the years of non filing. I would like to request waiver of the reinstatement fee due to non receipt of the proper forms.

Thank you in advance.

Sincerely,


Pamela Garcia