

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUL 21 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700133224697
07/21/08--01053--015 **450.00

REINSTATEMENT
CR2E081 (12/07) 06/07

DOCUMENT # P98000017135

1. Corporation Name

E & J-Shoe Wholesale, Inc.

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

2501 N.W. 75 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

US

3. Mailing Office Address

2501 N.W. 75 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1998

5. FEI Number
65-0810593

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

John Frederic

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

2501 N.W. 75 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33147

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

John Frederic
REGISTERED AGENT MUST SIGN

Date 07/16/08

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/D	John Frederic	2501 N.W. 75 Street	Miami, FL 33147
V/D	Elianie Frederic	2501 N.W. 75 Street	Miami, FL 33147

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:

John Frederic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Frederic - President

07/16/08

Date

(305) 696-0480

Daytime Phone #