

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 AUG 15 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P980000 98223*

1. Corporation Name

LIBERTY SHOE, INC.

REINSTATEMENT *02-03*

2. Principal Office Address

4139 ORCHARD BEE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

4139 ORCHARD BEE BLVD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

Zip *33409*

Country

USA

Zip *33409*

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-23-98

5. FEI Number

65-0856911

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

MD RAYL

600022343536

*08/15/03--01025--002 ***900*

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

4139 ORCHARD BEE BLVD

Suite, Apt. #, Etc.

City

WEST PALM BEACH, FL

State
FL

Zip Code

33409

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

X MD. RAYL

Date

X 7-30-03

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 |
|--------|--------------------------------------|---------------------------------------------------|----------------------------|
| PD | <i>MD RAYL</i> | <i>10752 SW 14th PLACE</i> | <i>DAVE FL 33324</i> |
| VD | <i>MAHFUZA AKTHER</i> | <i>3610 N 18th AVE APT 216</i> | <i>HOLLYWOOD, FL 33021</i> |
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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:

X MD. RAYL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 7-30-03 861 684-0908

CR2E081 (10/02)

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