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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


06 JAN -4 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/04/06--01017--003 **450.00

REINSTATEMENT 04-06

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000102297**

1. Corporation Name

FOOT MART USA, INC

2. Principal Office Address

1065 W. Hallandale Bch Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

1065 W. Hallandale Bch Blvd
Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip

33009

Country

Broward

Zip

33009

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

12/7/1998

5. FEI Number

65-0885528

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

David Saig

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

146 Dockside Circle

Suite, Apt. #, Etc.

City

Weston

State
FL

Zip Code

33327

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



Date **12/28/05**

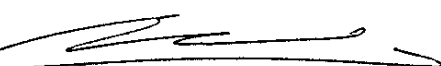
REGISTERED AGENT MUST SIGN

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	David Saig	146 Dockside Circle	Weston, FL, 33327
✓	Esther Saig	146 Dockside Circle	Weston, FL, 33327

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/05

Date

954-458-5150

Daytime Phone #

B. Mitchell JAN 5 2005

20f2

FOOTMART USA , INC
1065 W HALLANDALE BEACH BLVD
HALLANDALE, FLORIDA
PHONE: (954) 458-5150
FAX: (954) 458-2722

December 28th 2005

To: Corporation Reinstatement

Document# P98000102297

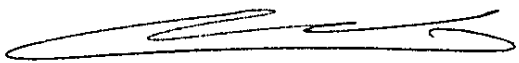
SUBJECT: FOOTMART USA ,INC/ REINSTATEMENT

To whom it may concern,

Our company is submitting this reinstatement form. Due to the fact that we just found out that the company was dissolved back in October of 2004. As we search our records we show no indication of ever receiving any past or current reinstatement letter for the following years 2004, 2005,2006.

We are asking that you do waive the reinstatement fee as we are sending a check in the amount of \$450.00 to bring us our corporation up to date. Thank you.

Sincerely yours,



David Saig
President