2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000022964

Entity Name: SEFFNER SHOE REPAIR, INC.

FILED Sep 15, 2009 Secretary of State

Ellilly Nai	IIIe. SEFFINEI	R SHUE REPAIR, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
11919 E M SEFFNER	ILK BLVD , FL 33548				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
8612 DEE RIVERVIE	CIRCLE W, FL 33569				
FEI Number	: 59-3575218	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
8612 DEE	D, NICHOLAS I CIRCLE W, FL 33569	US			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: NICHOLA	AS P ESPOSITO			
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () ESPOSITO, NIO 8612 DEE CIRO RIVERVIEW, FI	CLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ESPOSITO, AU 8612 DEE CIRO RIVERVIEW, FI	CLE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS ESPOSITO P 09/15/2009