

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL 25 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000035122

1. Corporation Name

LEON SHOES, INC.

2. Principal Office Address

710 S. DIXIE Highway

Suite, Apt. #, etc.

3. Mailing Office Address

710 S. Dixie Highway

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33146

Country

USA

City & State

CORAL GABLES FL

Zip

33146

Country

USA

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

4/99

5. FEI Number

65-0928455

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

FERNANDO S. ARAN

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

710 S. DIXIE HWY

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33146

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

07/16/01

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
D	DANNY SALZBERG	8420 S.W. 66 st	MIAMI FL 33143
D	MICHAEL SALZBERG	1116 NE 92 st	MIAMI Shores FL
			800004525108--1
			08/08/01 01092 017
			****808.75 78****808.75
		REINSTATEMENT	06-01 78

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

Date

Daytime Phone #

7/12/01 (305) 530-2895

CR2E081 (9/00)