PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAY 22 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037975

1. Corporation Name

S+P Shoes INC

2. Principal Office Address	3. Mailing Office Address
12622 Links TERRACE	12622 Links TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fla	City & State: Jacksonville, Fla
Zip: 32225 Country: U.S.A	Zip: 32225 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: APRIL 21ST 1999

5. FEI Number: 59-3572655 ☐ 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: Wade M. Rdle

800004474418--5
-07/13/01--01047--016
****910.00 ****910.00

Street Address (P.O. Box Number is Not Acceptable): 4730 Norwood Ave

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32206

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: Wade M. Rdle
REGISTERED AGENT MUST SIGN

Date: 05/03/01

CR2E061 (9/00)

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
Pres	Willie D. Pettway	12622 Links TERRACE	Jax, Fla 32225
V. Pres	Anthony Sumlar	12622 Links TERRACE	Jax, Fla 32225

REINSTATEMENT 01

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: Willie D Pettway 05/03/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #