

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 578366

1. Corporation Name

JEANETTE SHOE CORP.

Principal Place of Business

Mailing Address

21407 NW 39 AVENUE  
MIAMI FLA 33054

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

9130 NW 007 MIAMI AVE

State, Apt. #, etc.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

33127

County DADE

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

SEP-6 1999

5. FEI Number

65-0294153

Applied  Not Applicable

6. CERTIFICATE OF STATUS DESIRED

58.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Pedro B. Duran	6615 SW 151 CT	MIAMI FL 33193
VP	Gabriel Nieto	21407 NW 39 AVE MIAMI	MIAMI FL 33054

990003006859--0  
-10/06/99--01026--012  
\*\*\*1500.00 \*\*\*1500.00

8. Name and Address of Current Registered Agent

RAISA NIETO  
21407 NW 39 AVENUE  
MIAMI FLA 33054

9. Name and Address of New Registered Agent

Name PEDRO B. DURAN  
Street Address (P.O. Box Number is Not Acceptable) 6615 SW 151 CT.  
Suite, Apt. #, Etc.  
City MIAMI State FL Zip Code 33054

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*P. Duran*  
REGISTERED AGENT MUST SIGN

Date 9-25-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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: *P. Duran*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-25-99

Daytime Phone #