

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

00 DEC 26 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S87920**

1. Corporation Name

Buddy Harris Shoes, Inc.

2. Principal Office Address

103 West 23rd St. Suite E1

Suite, Apt. #, etc.

Suite E1

City & State

Panama City FL

Zip

32505

Country

US

3. Mailing Office Address

103 West 23rd St

Suite, Apt. #, etc.

Suite E1

City & State

Panama City

Zip

32405

Country

BEUS

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3092347

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

Craig K Harris

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

2900 Country Club Drive

Suite, Apt. #, Etc.

400003529004-4

-01/03/01--01018--004

******150.00 ****150.00**

City

Panama City

State

FL

Zip Code

32444

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

REGISTERED AGENT MUST SIGN

Date

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	Craig K Harris	2900 Country Club Dr.	Panama City FL 32444

LS

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 #

Craig K Harris Pres.

12-18-00

850-769-5200

CR2E081 (9/99)