

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **V08328**

1. Corporation Name

MIAMI SHOE HERO, INC.

Principal Place of Business

301 NW 26 ST
MIAMI FL 33127
US

Mailing Address

301 NW 26 ST
MIAMI FL 33127
US



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1992

5. FEI Number

65-0315048

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GOODMAN, DAVID	301 NW 26 ST	MIAMI FL 200003469562--5 -11/20/00--01013--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

GOODMAN, DAVID
301 NW 26 ST
MIAMI FL 33127

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

David Goodman
REGISTERED AGENT MUST SIGN

Date

11. 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:

David Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/00)

②

Department of State
Division of Corporation
P.O.-box-6327
Tallahassee, FL 32314
Ref: V08328

October 20,2000

Dear Service,

We received this notice of dissolution for our Corporation for Miami Shoe Hero Inc.

We never received the annual report application. We have been in business since 1992 and we always filed our report on time. This will never happen again.

We would greatly appreciate if you would waive the reinstatement fee. I have enclosed a check for \$150.00, as suggested by one of your employees from your office, while
you reconsider our request.

Sincerely,

David Goodman