

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V10680

1. Corporation Name

A Step Up Shoe Repair

2. Principal Office Address

6774 Stirling Rd

Suite, Apt. #, etc.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Zip

33024

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/99

5. FEI Number

65-0312361

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

Felix Midence

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

1401 N. 70th Way

Suite, Apt. #, Etc.

City

Hollywood, FL

State
FL

Zip Code

33024

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

X *Felix Midence*

REGISTERED AGENT MUST SIGN

Date

Sept 18 '02

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 |
|-----------|--------------------------------------|---|---------------------|
| President | Felix Midence | 1401 N. 70th Way | Hollywood, FL 33024 |
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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

X *Felix Midence*

Date

Sept 18 '02

Daytime Phone #

CR2E081 (9/01)

November 12, 2002

State of Florida
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Mr. Tyrone Scott:

Please find enclosed a re-instatement form and a check to the Secretary of State for \$150 for my corporation. I did not receive the notice to initially register the corporation for the current year. I would respectfully request that the late fee be waived.

Sincerely,

