

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -1 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V10680

1. Corporation Name

A Step Up Shoe Repair, Inc.

04-05 Reinst.

CR2E081 (8/05)

2. Principal Office Address

2622 NW 21st Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

3. Mailing Office Address

2622 NW 21st Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-31-1992

5. Fed 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)

2622 NW 21st Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33142

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

Felix Midence

REGISTERED AGENT MUST SIGN

Date

11-21-05

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
<u>P/D</u>	<u>Felix Midence</u>	<u>2622 NW 21st Terr.</u>	<u>Miami, FL 33142</u>

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)(f), 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:

Felix Midence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-05 954-472-9144

Date

Daytime Phone #

LedgerPlus®

Helping Small Business Succeed Financially

2/2
Office Villas of Plantation
150 S. University Drive, Suite C
Plantation, FL 33324
(954) 472-9144
(954) 472-9142 Fax

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9050 Pines Blvd. #450
Pembroke Pines, FL 33024

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November 21, 2005

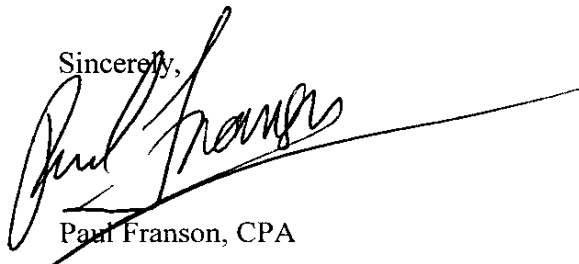
Florida Department of State
Division of Corporation
Clifton Building
Attention: Tyronne Scott
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Mr. Tyronne Scott

Please accept this Reinstatement Form for A Step Up Shoe Repair, Inc. The owner of the business has not received the previous years UBR Forms. He would like to re-instate at this time. Please find enclosed a check for \$300 for the years 2004 and 2005. I will make sure he files timely in the future.

If I can provide any further information, please contact me at the address and or telephone numbers above.

Sincerely,



Paul Franson, CPA