

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 13 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 14492

1. Corporation Name

S & N Foot Stores, Inc

2. Principal Office Address - No P.O. Box #

9019 60th St N.

Suite, Apt. #, etc.

3. Mailing Office Address

9019 60th St N.

Suite, Apt. #, etc.

City & State

Dinellas Park, FL

Zip

33782

Country

Dinellas

City & State

Dinellas Park FL

Zip

33782

Country

Dinellas

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-310692

☐ 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

Nabil Ribaie

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

11903 N. 53rd St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33617

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

Nabil Ribaie

REGISTERED AGENT MUST SIGN

Date 11/22/2010

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</u>	<u>Nabil Ribaie</u>	<u>11903 N. 53rd St</u>	<u>Tampa, FL 33617</u>
<u>VP</u>	<u>Samir Ribaie</u>	<u>11902 N. 53rd St</u>	<u>Tampa, FL 33617</u>

10. E-mail Address: N.Ribaie@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

Nabil Ribaie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/2010

Daytime Phone #

12/13