PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107004

100024100321
10/27/03--01005--018 **150.00

1. Corporation Name

BELL VISION CENTER INC

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
~~13501 NE 12 Ave~~	
Suite, Apt. #, etc. 14030 WEST DIXIE Hwy	Suite, Apt. #, etc.
City & State NORTH MIAMI FL	City & State ~~FL~~
Zip 33161	Country USA
Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/02

5. FEI Number 14-1854281 — 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
JULIUS ADEYIGA (dba JUVEDA Group Inc)

Street Address (P.O. Box Number is Not Acceptable)
7947 Johnson Street, Suite A

Suite, Apt. #, Etc.

City: Pembroke Pines | 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 _____ Date 10/20/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	EMILE, MICHELAIRE	14030 West Dixie Hwy	North Miami, FL 33161

10/26

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: _____ 10-20-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bell Vision Optical
14030 West Dixie Highway
North Miami, Fl 33161
Tel: (305)981-4775
Fax: (305)981-4766

October 17th, 2003

Florida Department of State
Department of Corporation
P. O. Box 6327
Tallahassee, Fl 32314

Re: Annual Report 2003
P02000107004

As stated during our telephone conversation with one of your staffs on Thursday 9th regarding the captioned, and as requested, we hereby representing that the Annual Report Form which was purported to have been sent to us around January/February of 2003, was never received by us. As a result, the non-payment of the related fee was not intentional. On this basis, we are requesting for a waiver of any interest and/or penalty that might have accrued.

Also as requested by your office, enclosed please find reinstatement form with the original fee in the amount of $150.00.

Thanks for your co-operation and understanding.

Sincerely,

Michelet Emile, President
for Bell Vision Optical.